

June 30, 2010

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Las Vegas Chamber of Commerce
Turnberry Town Square
6671 Las Vegas Boulevard, South
Building D1, Suite 300
Las Vegas

Wednesday, July 14, 2010 – 9:00 am

Thursday, July 15, 2010 – 9:00 am

Please Note: 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.

Public comment is welcomed by the Board, but will be heard only when that item on the agenda is reached and will be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his sole discretion.

◆ 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.

July 2010 Board Meeting Agenda

- * 1. [Approval of June 2-3, 2010, Minutes](#)
- * 2. [Applications for Out-of-State MDEG – Non Appearance:](#)

- A. Advanced Tissue – Little Rock, AR
- B. Applied Medical Technology, Inc. – Brecksville, OH
- C. Brennen Medical, LLC – St Paul, MN
- D. CPAPSupplies.com LLC – Oklahoma City, OK
- E. DynaVox Systems, LLC – Pittsburgh, PA
- F. mdINR, LLC – New Windsor, NY
- G. Peterson's Home Care – Parker, AZ
- H. Signostics Inc. – Palo Alto, CA
- I. Uromed, Inc. – Carlsbad, CA

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

- J. Cardinal Health Pharmacy Services, LLC – Irvine, CA
- K. Diplomat Specialty Pharmacy – San Bernardino, CA
- L. LifeSpan Pharmacy Inc. – Dallas, TX
- M. NextRx, Inc. – Mason, OH
- N. PromiseCare Pharmacy – Antioch, TN
- O. Sterling Medical Services, LLC – Tempe, AZ

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

- P. Abbott Products, Inc. – Marietta, GA
- Q. Angiotech – Gainesville, FL
- R. Beach Pharmaceuticals, Inc. – Greenville, SC
- S. New England Compounding Center – Framingham, MA
- T. Hi-Tech Pharmacal Co., Inc. – Amityville, NY
- U. Par Pharmaceutical, Inc. – Montebello, NY
- V. Patterson Logistics Services, Inc. – Tonawanda, NY
- W. Patterson Medical Supply, Inc. – Tonawanda, NY
- X. Pedinol Pharmacal, Inc. – Farmingdale, NY
- Y. Pharmaceutical Associates, Inc. – Greenville, SC
- Z. Sanofi Pasteur Inc. – Forest Park, GA
- AA. Sentry BioPharma Services, Inc. – Indianapolis, IN
- BB. Xttrium Laboratories, Inc. – Mount Prospect, IL

Application for Nevada Pharmacy – Non Appearance:

- CC. Ridley's Clinic Pharmacy – Ely

July 2010 Board Meeting Agenda

◆ REGULAR AGENDA ◆

- * 3. [Disciplinary Actions](#): 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.

A.	Lisa A. Heathcock, PT	(10-007-PT-S)
B.	Walgreens #12646	(10-007-PH-S)
C.	Eduardo Morales, R.Ph	(10-038-RPH-S)
D.	Joseph Overmire, R.Ph	(10-035-RPH-S)
E.	Kunku Kang, R.Ph	(10-034-RPH-S)
F.	Christopher J. Peters, R.Ph	(10-039-RHH-S)
G.	Christopher J. Peters, R.Ph	(10-011-RPH-S)
H.	Lenny Saldarriaga, PTT	(10-002-PT-S)
I.	Niko Liguton, PT	(10-049-PT-S)
J.	Elijah Akpan, R.Ph	(09-114-RPH-S)

- * 4. [Application for Out-of-State Pharmacy – Appearance](#):

ANEWrx – Pittsburgh, PA

- * 5. [Applications for Nevada MDEG – Appearance](#):

- A. Cann Medical Supply, Inc. – Las Vegas
- B. DOLCrX – Las Vegas
- C. Ken Kob & Associates, Inc. – Las Vegas
- D. Otto Bock Orthopedic Services LLC – Las Vegas

- * 6. [Application for Nevada Wholesaler – Appearance](#):

Green Valley Medical Supply – Henderson

- * 7. [Request for Pharmacist License – Reciprocity – Appearance](#):

Obatare Avworo

- * 8. [Requests for Pharmaceutical Technician in Training License – Appearance](#):

- A. Crystal Gebhart
- B. Jessica Rohnke
- C. Genero Siciliano

- * 9. [Request for Out-of-State Wholesaler – Non Appearance](#):

Boca Pharmacal, Inc. – Coral Springs, FL

July 2010 Board Meeting Agenda

*10. [Requested Appearance:](#)

Diana Bond

*11. Your Success Rx Reports:

- A. Michele Brucato
- B. Mindy Hsu

*12. Budget

*13. [Approval of 2011 Board Meeting Dates](#)

*14. General Counsel Report:

*15. Executive Secretary Report:

- A. Financial Report
 - 1. Treasurer's Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. Meetings
 - a. DEA (6/15-6/17)
 - b. National Rural Health Initiative (6/21-6/25)
 - c. Governor's Working Group in Meth Use in Nevada (7/7)
- D. Reports to Board
 - 1. ISU Student (6/28)
 - 2. Immunization Report
- E. Board Related News
 - 1. DEA rule on electronic prescribing of CS
- F. Activities Report

16. Next Board Meeting:

September 8-9, 2010 – Reno, Nevada

*17. Public Comments and Discussion of and Deliberation Upon Those Comments

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

* Board action may be taken on these items.

July 2010 Board Meeting Agenda

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

Anyone desiring additional information regarding the meeting is invited to call the board office at (775) 850-1440.

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 **bop.nv.gov**:

Elko County Courthouse – Elko
Mineral County Courthouse – Hawthorne
Washoe County Courthouse – Reno
Nevada State Board of Pharmacy – Reno and Las Vegas



Nevada State Board of Pharmacy

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

BOARD MEETING

Airport Plaza Hotel
1981 Terminal Way
Reno, Nevada

June 2 and 3, 2010

The meeting was called to order at 9:00 a.m. by Don Fey, Board President.

Board Members Present:

Beth Foster
Chad Luebke

Kirk Wentworth
Kam Gandhi

Donald Fey
Mary Lau

Board Members Absent:

Keith Macdonald

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

CONSENT AGENDA

1. Approval of April 14-15 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. ATG Rehab – Sacramento, CA
 - B. Diabetic Medic, LLC – Marietta, GA
 - C. Dynamic Medical Systems, Inc. – Rancho Dominguez, CA
 - D. Hightower Medical Systems Inc. – Franklin, TN
 - E. Tobii Assistive Technology, Inc. – Dedham, MA
 - F. Zynex Medical Inc. – Lone Tree, CO

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

- G. Bioscrip Pharmacy – San Francisco, CA
- H. CCS Medical – Forest Hill, TX
- I. Easy Scripts, Incorporated – Des Plaines, IL
- J. Express Scripts – Harrisburg, PA
- K. Heartland Veterinary Pharmacy – Hastings, NE
- L. In Home Rx – San Marcos, CA
- M. KCC, Inc. – Meridian, MS

- N. Medex BioCare Pharmacy, LLC – Bartlett, TN
- O. MedSource Rx Pharmacy – Sandy, UT
- P. Medco Center for Pharmacotherapeutic Research – Willingboro, NJ
- Q. Propac Pharmacy – Vancouver, WA
- R. Senior Care Pharmacy – Wichita, KS
- S. The Rx Co. – West Fargo, ND
- T. TPS LLC – Fultondale, AL
- U. Union Avenue Compounding Pharmacy – Tacoma, WA
- V. Wellpartner, Inc. – Portland, OR

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

- W. Apotheca, Inc. – Phoenix, AZ
- X. Boca Pharmacal, Inc. – Coral Springs, FL
- Y. Cardinal Health 414, LLC – Denver, CO
- Z. DVM Resources – Visalia, CA
- AA. Hager Worldwide Inc. – Odessa, FL
- BB. Integra Pain Management – West Valley City, UT
- CC. Medline Industries, Inc. – Mundelein, IL
- DD. Medisca, Inc. – Irving, TX
- EE. Moore Medical LLC – Bolingbrook, IL
- FF. Owens & Minor Distribution, Inc. – City of Industry, CA
- GG. Owens & Minor Distribution, Inc. – West Valley City, UT
- HH. PDC Logistics – Tracy, CA
- II. Tyco Healthcare Group LP – Joliet, IL
- JJ. VaxServe, Inc. – Forest Park, GA
- KK. Webster Veterinary Supply, Inc. – Kansas City, MO

Application for Nevada Pharmacy – Non Appearance:

- LL. Healthsouth Desert Canyon Rehabilitation Hospital – Las Vegas

Application for Nevada Manufacturer – Non Appearance:

- MM. Cardinal Health 414, LLC – Las Vegas

Applications for Nevada MDEG – Non Appearance:

- NN. Better Breathing NV, LLC – Fallon
- OO. Foot Solutions of Summerlin – Las Vegas

Discussion:

The consent agenda applications and supporting documents were reviewed.

The Board held items 2 F and X for discussion.

Mary Lau recused from participation in the vote on Items 2 DD and EE.

Board Action:

Motion: Chad Luebke found the consent agenda application information to be accurate and complete and moved for approval of Items A through OO excluding Items F and X.

Second: Beth Foster

Action: Passed Unanimously.

Discussion:

Zynex Medical Inc., Item F, was discussed and it was determined to move forward with the vote.

Motion: Chad Luebke moved to approve Item F.

Second: Mary Lau

Action: Passed Unanimously

Discussion:

Boca Pharmacal, Inc., Item X, was discussed. The application indicated that they had no previous discipline in the states they are currently licensed, however they provided documents that indicated otherwise.

Motion: Mary Lau moved to table this application until clarification can be made regarding the disciplinary issue.

Second: Beth Foster

Action: Passed Unanimously

Discussion:

Kam Gandhi noted that he was not present at the last Board meeting and his name needed to be removed from the Board member's present.

Motion: Chad Luebke found the minutes to accurate and complete and moved for approval with the referenced correction.

Second: Mary Lau

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

A. Robert M. Belluomini, R.Ph (09-098-RPH-N)

NOTE: Kirk Wentworth recused from participation on this matter as Mr. Belluomini worked for Mr. Wentworth in the past.

Carolyn Cramer presented a stipulated agreement to the Board. Mr. Belluomini admitted to creating and filling prescriptions for dangerous drugs for his wife that he knew to be false or fraudulent because they were without a physician's authorization. Mr. Belluomini indicated that he did not think his wife's physician would mind since he had prescribed the same medications for her previously. Mr. Belluomini is currently living in California and does not plan to return to Nevada to practice pharmacy and has agreed to voluntarily surrender his license. Ms. Cramer explained that Mr. Belluomini's voluntary surrender would be treated as a revocation.

Board Action:

Motion: Kam Gandhi moved to accept the stipulated agreement as presented.

Second: Chad Luebke

Action: Passed Unanimously

B. David A. Kanak, R.Ph (09-087-RPH-N)

NOTE: Chad Luebke recused from participation in this matter as Mr. Kanak was employed by Long's at the time of this incident, however Long's has since been acquired by CVS and Mr. Kanak is now employed by CVS, as is Mr. Luebke. Kirk Wentworth acknowledged that he went to school with Mr. Kanak 30 years ago. Mary Lau disclosed that Long's was a member of RAN.

Carolyn Cramer presented a stipulated agreement to the Board. Mr. Kanak was the responsible pharmacist for filling nine prescriptions for a patient. One of the prescriptions was written for polyethylene glycol however it was filled with Prevalite. Five of the prescriptions were new and the patient's agent was not counseled on any of the prescriptions. Fortunately the patient did not ingest the Prevalite. Mr. Kanak signed a stipulated agreement for a fine of \$750.00 for the counseling error plus administrative fees.

Board Action:

Motion: Kirk Wentworth moved to accept the stipulated agreement as presented.

Second: Kam Gandhi

Action: Passed Unanimously

4. Applications for Nevada MDEG – Appearance:

A. Cann Medical Supply, Inc. – Las Vegas

Christianah Sutton appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Sutton stated that she began working in the MDEG field in 2005. She indicated that she worked for Lutemi Medical as a marketing consultant for four years. Ms. Sutton was asked if Lutemi Medical was licensed to ship MDEG products into Nevada and she stated that she assumed they were. Board staff noted that Lutemi Medical was not licensed in Nevada and that they had been doing business in Nevada without authority. Ms. Sutton advised the Board that she planned to learn the duties of facility administrator on the job after she opened her business. President Fey advised Ms. Sutton that she needed an experienced facility administrator before a license could be granted.

Board Action:

Motion: Mary Lau moved to deny the application for MDEG provider for Cann Medical Supply, Inc.

TJ Reed appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Reed explained that he works with Queen Aniezg, the person listed on the application as the professional compliance contact person, to help her set up MDEG facilities to ensure the new providers are operating within the parameters of the law. Mr. Reed indicated that they have a one year contract with Ms. Sutton to help her establish her business and hire her staff. He also indicated that they have an experienced facility administrator ready to come on board when they get their license.

Mary Lau moved to amend her original motion to table the application providing they submit a new application with appropriate information regarding the experienced facility administrator and re-appear in July with the new facility administrator.

Second: Chad Luebke

Action: Passed Unanimously

B. Pulmonary Solutions, LLC – Las Vegas

Josette Sonekeo-McClendon and Michael McClendon appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Sonekeo-McClendon explained that they currently have a business in Santa Rosa, California and at present they are moving their corporate offices to Las Vegas. Upon licensure in Nevada they will open their MDEG facility. Ms. Sonekeo-McClendon explained that they employ 30 people that encompass their clinical staff, including a respiratory therapist, and administrators. Mr. McClendon does the marketing for their business.

Board Action:

Motion: Chad Luebke moved to approve the application for Pulmonary Solutions, LLC.

Second: Kam Gandhi

Action: Passed Unanimously

5. Applications for Out-of-State Pharmacy – Appearance:

A. BioRx – Urbandale, IA

Deborah Smith appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Smith indicated that they mostly serve hemophilia patients, they only dispense injectables and do not dispense any ingestible products. Ms. Smith advised that they do not use any controlled substances. She reviewed their pharmacy practices and shipping procedures. BioRx has a 24 hour pharmacist on call at all times.

Carolyn Cramer noted that the Pharmacy License Verification from Iowa was no longer valid and asked Ms. Smith to provide Board staff with an updated verification.

Board Action:

Motion: Kam Gandhi moved to approve the application for Bio Rx pending receipt of an updated License Verification.

Second: Kirk Wentworth

Action: Passed Unanimously

B. Coastal Meds, LLC – Biloxi, MS

Joseph Johnson appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Johnson advised the Board that he was a pharmaceutical technician for Coastal Meds and was appearing because the managing pharmacist and the owners were busy and couldn't leave the pharmacy. Board staff had a letter appointing Mr. Johnson as their representative.

Mr. Johnson was questioned regarding their business practices and it came to light that Coastal Meds business model did not plan to ship patient specific products into Nevada. Mr. Johnson was advised that Nevada law would not allow for that practice and would consider that a practice for a wholesaler – not a pharmacy.

Rather than have his application denied, Mr. Johnson withdrew his application for out of state pharmacy and would advise the owners of Coastal Meds that they would have to apply for a wholesaler license if they wanted to conduct business in Nevada with their current model.

C. Consonus Pharmacy – Vacaville, CA

Jim Santa appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Santa explained that they were a pharmacy that catered specifically to skilled nursing and long term care facilities. He indicated that he had been contacted by two facilities in northern Nevada to service their patient's needs and would like to contract with them if his application is approved. Mr. Santa reviewed his business procedures and assured the Board that he ships only patient specific medications.

Board Action:

Motion: Beth Foster moved to approve the application for Consonus Pharmacy.

Second: Kirk Wentworth

Action: Passed Unanimously

6. Application for Nevada Wholesaler – Appearance:

Med-Health Pharmacy, LLC – North Las Vegas

Mark Hames appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Hames was questioned regarding his policies and procedures and Mr. Hames gave a detailed description of his repackaging procedures. Mr. Hames indicated that eventually he would like to repackage for large manufacturers, but he is not planning to do that at the moment as he wants to get his facility up and running before he begins that process.

Board Action:

Motion: Kam Gandhi moved to approve the application for Nevada wholesaler for Med-Health Pharma, LLC.

Second: Kirk Wentworth

Action: Passed Unanimously

7. Request for Pharmaceutical Technician in Training License – Appearance:

Julie Manktelow

Julie Manktelow appeared and was sworn by President Fey prior to answering questions or offering testimony.

NOTE: Chad Luebke recused because Ms. Manktelow is applying for a PTT registration at CVS and he is employed by CVS.

Carolyn Cramer advised the Board that Ms. Manktelow was present to explain the circumstances of her three DUI's.

Ms. Manktelow testified that the first DUI in 1998 was reduced to a reckless as she was in the vehicle but not driving. Ms. Manktelow indicated that she was a realtor and when the housing market crashed she didn't deal well with it and she got the second DUI in 2007. In 2009 she separated from her husband and was not doing well with her circumstances and got the third DUI. She indicated that all of these instances were for alcohol and not drug related.

Ms. Manktelow indicated that CVS had terminated her employment, so she really does not have a job opportunity for a pharmaceutical technician. When asked if she would be willing to be evaluated by PRN-PRN she indicated that she was open to that but she had no money. Larry Espadero, the PRN-PRN monitor, was present and was asked to explain to Ms. Manktelow how the PRN-PRN program works. He indicated that PRN-PRN will not refuse treatment because of money issues and could work with Ms. Manktelow.

Board Action:

Motion: Kirk Wentworth moved to table the application for pharmaceutical technician in training for Ms. Manktelow pending an evaluation by PRN-

PRN and her provision of documents regarding the three DUI's to Board staff.

Second: Kam Gandhi

Action: Passed Unanimously

8. Presentation:

CSI – Blood Pressure Equipment – Charles Bluth

Charles Bluth and Brooke Wesley appeared and gave a PowerPoint presentation showing the advantages of Computerized Screening, Inc., (CSI) equipment to patients. The CSI Managed Health System is a system sold or leased to businesses to allow convenience to employees to access healthcare in the work setting. CSI also intends to sell their kiosks to emergency rooms, hospitals, clinics and rural settings. The patient would see a physician via teleconference. There are many add on's and variations of the basic CSI Managed Health System. They gave details of how the machines are used, allowing flexibility to the patient and the security and privacy this concept allows its patients.

The Board explained that one aspect of CSI is not currently allowed in Nevada law is the prescription piece. A doctor/patient relationship (defined as face to face within six months) is necessary prior to prescribing. The Board agreed to bring this subject back as a Discussion and Determination item at the September Board meeting to explore regulatory changes. The Board also advised Mr. Bluth to present the CSI model to the Medical Board and Board of Osteopathic Physicians prior to September for their input.

9. Appearances:

A. Cindy Vert – Progress Report

Cindy Vert and Larry Espadero, PRN-PRN monitor, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Mr. Espadero testified that Ms. Vert is doing well in the PRN-PRN program and all is well. Ms. Vert testified that she is working at MedCare Pharmacy in Carson City and Kirk Wentworth advised the Board that Ms. Vert is doing very well there. Ms. Vert advised that prior to that she was working at the Medicine Shop in Fallon on a part time basis until she was hired full time at MedCare. Ms. Vert indicated that she is doing well and happy to be back to work as a pharmacist.

B. Jenine Davis – Controlled Substance Task Force Intervention Officer Report

Jenine Davis appeared and gave an overview of her professional career in law enforcement prior to coming to work for the Controlled Substance Prescription Abuse

Prevention Task Force. Ms. Davis gave details regarding how she obtains the names of the people she contacts and her procedures for interviewing these people. She also gave statistics on her success rate. The Board commended her for her successes and encouraged her to continue her fine work.

10. Request for Managing Pharmacist Waiver – Non Appearance:

Ivan Lambert, R.Ph

Larry Pinson advised the Board that he wished to authorize a waiver for Ivan Lambert to be the managing pharmacists in two locations until he can get a managing pharmacist for the new location. The Board discussed and made a motion to approve.

Board Action:

Motion: Kam Gandhi moved to allow the waiver for 90 days.

Second: Beth Foster

Action: Passed Unanimously

11. Discussion and Determination:

A. Long Term Care Prescriptions for Controlled Substances

The DEA recently made changes with respect to the transmission of prescriptions for controlled substances from long term care facilities. NABP testified before the Senate Committee on Aging-Long Term Care and recommended that long term care facilities be classified as institutional facilities and pursuant to this classification that nurses be recognized as agents of prescribers and chart orders be recognized as valid prescription orders. It appears that NABP recommendations have already been met in Nevada law.

B. Sanchez v. Wal-Mart et al

Mary Lau asked for this topic to be placed on the agenda for discussion. She invited the Retail Association of Nevada's attorney, Mark Amode, to appear for this discussion. Mr. Amode indicated that the Supreme Court had referenced NAC 639.753 in the Sanchez v. Wal-Mart matter, which is Nevada's law regarding declination of a pharmacist to fill a prescription. Mr. Amode and Ms. Lau brought forth NAC 639.753 with suggestions for amendment. The language was amended effective May 4, 2006 and approved by the Legislative Committee on Regulations. Mr. Amode and Ms. Lau urged the Board to consider amending NAC 639.753.

Ultimately, the Board agreed to address this in more depth as a Discussion and Determination item at the September Board meeting. The Board's staff will contact

LCB for discussion and Mary Staples agreed to obtain information for Board staff from NACDS.

12. General Counsel Report

Carolyn Cramer advised that Board staff sent a letter to dispensing practitioners reminding them that they are inspected annually and that they are responsible for being compliant with Nevada laws. A fact sheet was enclosed for their reference. After receiving the letter, Board staff has received many telephone calls advising that they no longer plan to be dispensing practitioners.

Ms. Cramer provided the Board with a memo from the work group formed by AB 326 to study prescription drug abuse that was sponsored by Assemblyman Mo Denis during the 2009 legislative session. The memo detailed the committee's progress to create solutions for the betterment for the health, safety and welfare of Nevada's patients by trying to reduce prescription drug abuse

13. Executive Secretary Report:

A. Temporary Licenses

No temporary license were issued since the last Board meeting.

B. Staff Activities

1. Meetings

a. LCHC working group

Already discussed in the General Counsel report.

b. CBI (4/21 on AB128)

Mr. Pinson reported that his presentation given at the CBI meeting was good and well received.

c. NABP (5/22-5/25)

Mr. Pinson acknowledged the Board on receiving the Fred T. Mahaffee award at the NABP Annual Meeting. He told the Board that he was stopped numerous times after he and President Fey accepted the award and was commended by other attendees, many of whom wanted to consider our initiative for their respective states.

d. DEA (6/15-6/17)

Larry Pinson advised the Board that he was invited to attend the DEA Annual Conference on regulatory changes later in the month and will do so.

2. Canada

Joe Depczynski and Ron Shockey went to Canada to inspect the pharmacies licensed up there. They found that there are only four left that still provide services to Nevada patients as Alberta now requires a face to face doctor/patient relationship, from a Canadian practitioner. The facility in Surry closed due to lack of sales.

C. Reports to Board

1. CE

a. DVD

The DVD that the *Pharmacist's Letter* did of Katie Johnson's presentation at the VA Hospital is ready for review.

b. Carson City (6/8)

Mr. Pinson advised that he is doing a law CE in Carson City that Russ Smith organized.

2. Financials

Due to a computer problem the financial reports were not available by meeting time but should be available in a couple of days.

3. National Rural Meth Initiative

Joe Depczynski will represent the Board on the National Rural Meth Initiative Committee.

4. UCSF Graduation (5/8)

Larry Pinson participated in graduation ceremonies for the School of Pharmacy at UCSF. Such activities encourage new graduates to consider Nevada to begin their practices.

5. ISU Student (6/28)

ISU student will be interning with the Board's staff and will begin rotation on June 28th

6. Justice Court

Larry Pinson advised that Board staff continues to assist law enforcement by appearing as expert witnesses in drug related cases.

7. Mr. Pinson advised the Board that Dr. Bass appealed his case to the Nevada Supreme Court which upheld the original decision.

D. Board Related News

Mr. Pinson sadly acknowledged the untimely death of Bryan Burns, a Nevada pharmacist licensed by the Board and who had a stellar career in hospital pharmacy.

1. DEA rule on electronic prescribing of CS

An article was presented to the Board regarding the DEA's stance on electronic prescribing of controlled substances. Mr. Pinson will report further after attending the DEA meeting later in June, and advises that much needs to be accomplished prior to the electronic prescribing of controlled substances.

E. Activities Report

14. Personnel Review – 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.

A. Personnel Evaluation and Salary Review

B. Executive Secretary Evaluation

Mary Lau advised the Board that she wanted to go into closed session for discussion on these topics and made a motion.

Board Action:

Motion: Mary Lau moved to go into closed session.

Second: Kam Gandhi

Discussion: Carolyn Cramer asked if the discussion would involve one of the Board's staff and Ms. Lau indicated it would. Ms. Cramer advised that since that person had not been noticed and a specific person's name was not

agendized to discuss alleged misconduct, professional competence or physical or mental health it would be inappropriate since they would be unable defend themselves and the Board should not go into closed session until agendized appropriately.

Action: Motion Failed

President Fey commended Mr. Pinson on his excellent job of representing the Board, noting a remarkably successful year for the Board of Pharmacy. All of the Board members unanimously agreed with his assessment.

Larry Pinson provided the Board with a salary schedule for informational purposes, showing current salaries and salaries reflecting this year's CPI. He made no recommendations regarding salaries. President Fey and the Board members discussed the merits of the Board's staff and ultimately made the following motion.

Board Action:

Motion: Kam Gandhi moved to grant the Board's staff a 3.9% CPI adjustment.

Second: Mary Lau

Action: Passed Unanimously

WORKSHOP

15. Proposed Regulation Amendment Workshop

1. **Amendment of Nevada Administrative Code 639.525 Minimum requirements for work area and equipment.** This amendment will require the temperature of the pharmacy's refrigerator to be monitored and logged to ensure biologicals are protected for patient safety.

Carolyn Cramer advised that Diana Bond had sent a written statement regarding this regulation amendment suggesting that the language include automated technology reporting in pharmaceutical grade refrigerators and Pyxis machines that are monitored by remote managers. President Fey indicated that those machines already "report" temperatures periodically and would more than comply with the language as written.

Board Action:

Motion: Kirk Wentworth moved to have Board staff continue with the process with the language presented.

Second: Kam Gandhi

Action: Passed Unanimously

PUBLIC HEARING

16. Notice of Intent to Act Upon a Regulation:

1. **Amendment of Nevada Administrative Code 639.694 MDEG**

Administrator required. This regulation amendment clarifies the existing language and specifies the requirements for MDEG provider administrators. MDEG provider applicants will know in advance of a Board appearance if their administrators qualify to participate in that capacity.

President Fey opened the Public Hearing for comment.

There was no public comment.

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Mary Lau moved to adopt LCB File No. R033-09 as presented.

Second: Kirk Wentworth

Action: Passed Unanimously

2. **Amendment of Nevada Administrative Code 639.7125 Use of fulfillment pharmacy by dispensing pharmacy.** Twofold: 1) To allow a registered mail order pharmacy to act as a fulfillment pharmacy, and 2) to better regulate and clarify the practices of a fulfillment pharmacy with respect to consumer understanding and patient safety.

President Fey opened the Public Hearing.

Liz Macmenamin, representing the Retail Association of Nevada, Jim Palm and Flint Pendergraft, representing Raley's appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Macmenamin indicated that Mr. Pendergraft and Mr. Palm had gone to the Legislative Counsel Bureau (LCB) after the last Public Hearing for a meeting regarding the fulfillment regulations. Ms. Macmenamin advised that she was unable to attend that meeting and turned the discussion over to Mr. Pendergraft and Mr. Palm.

The Board was provided with language that they presented to LCB and noted that the changes made to the original language received from LCB was depicted in green type.

Carolyn Cramer advised the Board that LCB has not agreed to this language but simply helped Mr. Pendergraft and Mr. Palm work on the language they wanted clarified.

Mr. Pendergraft and Mr. Palm reviewed all of the new language, sentence by sentence, with the Board.

Keith Macdonald submitted a written statement with concerns about the fulfillment pharmacy contacting patients. When a patient tenders a prescription to their pharmacist/pharmacy to be filled, they assume the services are being handled where they left the prescription. Mr. Macdonald feels it would be inappropriate to represent they were actually filling the prescription then have the fulfillment center contact the patient. This might surprise, confuse or concern the patient unnecessarily.

Dan Luce, representing Walgreens, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Luce indicated that he does not disagree with Mr. Macdonald's concerns, but in certain circumstances it would be helpful if the fulfillment pharmacy could contact the patient, especially for complex drug therapy issues.

Jeff Sinko and Rich Polombo, representing Medco, appeared and was sworn by President Fey prior to answering questions or offering testimony.

They made the suggestion on two sections of the original language from LCB to change the verbiage on page 2, number (2) to read "...drug ordered by the prescription(when) if it is received..." and the same change from when to if on page 3 (g) "...to refill the prescription(when) if the prescription drug..."

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Mary Lau moved to adopt LCB File No. R035-09 with the changes discussed.

Second: Chad Luebke

Action: Passed Unanimously

3. **Amendment of Nevada Administrative Code 639.752, 639.945 Bona fied Therapeutic Relationship.** This language defines the therapeutic relationship between a patient and a practitioner for the purposes of dispensing certain drugs and controlled substances and describes the provisions relating to acts or practices declared to be unprofessional conduct.

The proposed language would allow a patient incarcerated in a correctional facility to be examined by a physician via a teleconferencing system with the assistance of a PA or APN on site with the patient.

President Fey opened the Public Hearing.

Joel Locke, representing Allison MacKenzie, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Locke presented concerns that the language as written would be specifically limited to prisons operated by the Department of Corrections and would not allow this practice in county jails or other local authorities where prisoners are detained. He suggested on page 2 number 4(b) and on page 6(b) that we insert "and local authorities" to cover local jails.

President Fey closed the Public hearing and asked for a motion.

Board Action:

Motion: Mary Lau moved to adopt LCB File No. 212-09 with the changes requested by Mr. Locke.

Second: Beth Foster

Action: Passed Unanimously

4. **Amendment of Nevada Administrative Code 639.NEW AB123 Cancer Drug Donation regulations.** This language was devised to comply with AB213. These regulations define the parameters of providing donated cancer drugs to uninsured and under insured cancer patients. This is a voluntary program for pharmacies and pharmacists to choose to participate.

President Fey opened the Public Hearing.

Tom McCoy appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. McCoy asked the Board when this regulation would be adopted and become effective as they are anxious to see the program implemented. Once this language is adopted by the Board it still has to be presented to the Legislative Committee on Regulations for approval and we do not know when their meetings are scheduled. It was also noted that this is a voluntary program and the Board is not sure who will volunteer to participate in the program.

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Chad Luebke moved to adopt LCB File No. 211-09 as presented.

Second: Kam Gandhi

Action: Passed Unanimously

17. Next Board Meeting:

July 14-15, 2010 – Las Vegas, Nevada

18. Public Comments and Discussion of and Deliberation Upon Those Comments

Liz Macmenamin gave a report on the RPD Prescription Drug Round-up. The program is sponsored by Join Together Northern Nevada, Reno Police Department, Washoe County School District, Nevada Attorney General's office, Truckee Meadows Water Authority, Washoe County Department of Water Resources, Retail Association of Northern Nevada, Sparks Police Department, Washoe County Sheriff's office, local pharmacists and others. They collected 93,000 dosage units of prescription medication at the April event. Ms. Macmenamin stated that this was much more successful than the first round-up as word had gotten out to the community that there is a safe way to dispose of old or unused drugs in people's medicine cabinets.

Mary Staples, representing NACDS, advised the Board that she would have information to the Board soon so they could have the Discussion and Determination item on NAC 639.753 issue at the July meeting rather than holding it off until September. Board staff indicated that the agenda was going to be exceptionally full for the July meeting and it would not be agendized until September.

It was noted that there is going to be a general CE on immunizations in southern Nevada on September 16th if anyone was interested.

Blank

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

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Comprehensive Deenbitus Therapy dba Advanced Tissue

Physical Address: 7003 Valley Ranch Drive
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Little Rock State: AR Zip Code: 72223

Telephone Number: 501-217-9900 Fax Number: 866-217-9998

E-mail: prcaman@advtis.com Website: www.advtis.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
Closed Closed Closed

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Douglas Kevin Lamb

Address: 7003 Valley Ranch Drive

City: Little Rock State: AR Zip Code: 72223

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"/> DME |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: N/A Telephone: N/A

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG PROVIDER
SOLE OWNER

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Applied Medical Technology, Inc.
Physical Address: 8000 Katherine Blvd. Brecksville, OH 44141
(This must be a business address, we can not issue a license to a home address)
Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone Number: (440) 717-4000 Fax Number: (440) 717-4200

E-mail: CZantopoulos@appliedmedical.net Website: www.appliedmedical.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Mr. Chris Zantopoulos - General Manager
Address: 8000 Katherine Boulevard
City: Brecksville State: OH Zip Code: 44141

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

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

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☒ If yes please provide name and telephone number of a 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 PROVIDER
CORPORATION

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Brennen Medical, LLC

Physical Address: 1290 Hammond Road, St. Paul, MN 55110
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1290 Hammond Road

City: St. Paul State: MN Zip Code: 55110

Telephone Number: 651-429-7413 Fax Number: 651-429-8020

E-mail: customerservice@brennenmed.com Website: www.BrennenMed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: NA to NA Sun: NA to NA Holidays: NA to NA

FACILITY ADMINISTRATOR INFORMATION

Name: Mike Czura

Address: 1290 Hammond Road

City: St. Paul State: MN Zip Code: 55110

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"/> Medical Devices |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: NA Telephone: NA Page 1-2010

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG PROVIDER
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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: CPAPSupplies.com LLC

Physical Address: 210 Park Ave, Suite 1350, Oklahoma City, OK 73102

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

Mailing Address: PO Box 2118

City: Oklahoma City State: OK Zip Code: 73101

Telephone Number: 405-601-3500 Fax Number: 918-512-4646

E-mail: info@cpap-supplies.com Website: www.CPAP-Supplies.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: 8 to 5 Sun: 8 to 5 Holidays: 8 to 5

FACILITY ADMINISTRATOR INFORMATION

Name: Jon McPherson

Address: 210 Park Ave, Suite 1350

City: Oklahoma City State: OK Zip Code: 73102

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

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

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐ If yes please provide name and telephone number of local contact.

Name: Jon McPherson Telephone: 1-866-504-8714

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: DynaVox Systems LLC

Physical Address: 2100 Wharton Street, Suite 400 Pittsburgh, PA 15203
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2100 Wharton Street, Suite 400

City: Pittsburgh State: PA Zip Code: 15203

Telephone Number: 800-344-1778 Fax Number: 866-641-3866

E-mail: Website: www.dynavoxtech.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 —

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Michelle Heying, COO+ President

Address: 2100 Wharton Street, Suite 400

City: Pittsburgh State: PA Zip Code: 15203

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 type="checkbox"/> Diabetic Supplies | |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: Alyssa Hampson Telephone: 412-297-5969 or 702-250-3424 Page 1-2010

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

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New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: md INB, LLC
Physical Address: 59 Windsor Hwy. Ste 240 New Windsor, NY 12553
(This must be a business address, we can not issue a license to a home address)
Mailing Address: Po Box 9004
City: Clearwater State: FL Zip Code: 33758
Telephone Number: (845) 561-3222 Fax Number: (845) 565-6057
E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: on call Sun: on call Holidays: on call

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Jamil Gary
Address: 59 Windsor Hwy Ste 240
City: New Windsor State: NY Zip Code: 12553

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"/> Test materials and equipment for home INR monitoring to individuals who self test |
- ** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Peterson's Home Care

Physical Address: 1401 South Joshua Ave, Parker, AZ 85344
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2600 Technology Drive, Ste 300

City: Orlando State: FL Zip Code: 32804

Telephone Number: 928-669-8285 Fax Number: 928-669-5330

E-mail: Susan.martinez@rotech.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00am to 5:00pm Tue: 8:00am to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00
Fri: 8:00 to 5:00 Sat: closed/on call Sun: closed/on call Holidays: closed/on call

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Edgar Taylor

Address: 1609 Quartz Ave

City: Parker State: AZ Zip Code: 85344

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

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: Edgar Taylor Telephone: 928-669-8285

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: SIGNOSTICS INC

Physical Address: 260 SHERIDAN AVENUE, SUITE 410, PALO ALTO, CA 94306
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 260 SHERIDAN AVENUE, SUITE 410

City: PALO ALTO State: CA Zip Code: 94306

Telephone Number: (650) 327-4000 Fax Number: (650) 327-4002

E-mail: spennywell@signosticsmedical.com Website: www.signosticsmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:30 Tue: 8:30 to 5:30 Wed: 8:30 to 5:30 Thu: 8:30 to 5:30

Fri: 8:30 to 5:30 Sat: - to - Sun: - to - Holidays: - to -

FACILITY ADMINISTRATOR INFORMATION

Name: NEIL BARTLETT

Address: 260 SHERIDAN AVENUE, SUITE 410

City: PALO ALTO State: CA Zip Code: 94306

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>MEDICAL DEVICE - A HAND-HELD ULTRASOUND</u> |

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681

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

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Uromed, Inc.
Physical Address: 5205 Avenida Encinas Ste E Carlsbad, CA 92008
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 7340 McGinnis Ferry Rd S
City: Swansee State: GA Zip Code: 30024
Telephone Number: 800-841-1233 Fax Number: _____
E-mail: Ddoughtie@Uromed.com Website: www.Uromed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: Closed to _____ Sun: Closed to _____ Holidays: Closed to _____

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Cynthia Lyle
Address: 5205 Avenida Encinas Ste E Carlsbad, CA 92008
City: _____ State: _____ Zip Code: _____

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
- ☒ Disposable Urological & Ostomy Supplies

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 _____ Ownership Change ☒ Name Change ☒ Location Change _____
(Please provide current license number if making changes: PH 02000)

GENERAL INFORMATION

Pharmacy Name: Cardinal Health Pharmacy Services, LLC.

Physical Address: 184 Technology Drive #100

Mailing Address: Same as above

City: Irvine State: CA Zip Code: 92618

Telephone Number: 949-727-7480 Fax Number: 949-727-8672

Toll Free Number: 877-739-2116

E-mail: N/A Website: N/A

Managing Pharmacist: Cary Ninokawa License Number: CA-29699
NV-06448

Hours of Operation:

Monday thru Friday 5 pm 7 am Saturday 5 pm 7 am
Sunday 5 pm 7 am 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
 - ☐ Parenteral
 - ☐ Parenteral (outpatient)
 - ☐ Outpatient/Discharge
 - ☐ Mail Service
 - ☐ Long Term Care
- ☒ off-site entry of Physician medical orders for hospital pharmacies; non-drug dispensing pharmacy

Board Use Only

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Diplomat Specialty Pharmacy

Physical Address: 2724 N. Waterman Avenue, Ste. H.

Mailing Address: _____

City: San Bernardino State: CA Zip Code: 92404

Telephone Number: 909.881.1728 Fax Number: 909.882.3621

Toll Free Number: _____

E-mail: _____ Website: _____

Managing Pharmacist: Kathleen Schilli License Number: 42970

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday 9 am 2 pm

Sunday closed am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

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54090
1967

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: LifeSpan Pharmacy Inc
Physical Address: 1230 Riverbend drive Suite 100 Dallas, TX 75247
Mailing Address: 1230 Riverbend drive Suite 100
City: Dallas State: TX Zip Code: 75247
Telephone Number: 214-220-0007 Fax Number: 214-220-2850
Toll Free Number: 1-866-696-5045
E-mail: Kgresham@Lifespanpharmacy.com Website: www.Lifespanpharmacy.com
Managing Pharmacist: Kim Gresham License Number: 26382

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday NA am NA pm
Sunday NA am NA pm 24 Hours NA

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

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

FEE \$500.00 (**non-refundable and not transferable**)
Application must be printed legibly

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 _____ Ownership Change X Name Change _____ Location Change _____
(Please provide current license number if making changes: PH00994)

GENERAL INFORMATION

Pharmacy Name: NextRx, Inc.
Physical Address: 8990 Duke Blvd.
Mailing Address: 8990 Duke Blvd.
City: Mason State: Ohio Zip Code: 45040
Telephone Number: 513-336-3033 Fax Number: 513-336-5526
Toll Free Number: 800-962-8192
E-mail: N/A Website: www.wellpointnextrx.com
Managing Pharmacist: Andrew J. Wilhelm License Number: 03-3-21908

Hours of Operation:

Monday thru Friday 6:30 am 11:30 pm Saturday closed am _____ pm
Sunday closed am _____ pm 24 Hours Pharmacist available
24/7 via toll free

TYPE OF PHARMACY

SERVICES PROVIDED phone number

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JUN 14 2010 Check Number: 629 Amount: 500.00

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

FEE \$500.00 (**non-refundable** and **not transferable**)
Application must be printed legibly

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: PromiseCare Pharmacy
Physical Address: 605 Bakerdown Rd.
Mailing Address: Same
City: Antioch State: TN Zip Code: 37013
Telephone Number: 877-323-9067 Fax Number: 615-299-8099
Toll Free Number: 877-323-9067
E-mail: rsmith@my.promisecare.com Website: MyPromiseCare.Com
Managing Pharmacist: Stephen D. Webb License Number: TN 12101

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday on-call Pharmacist am pm
Sunday on-call Pharmacist am pm 24 Hours No

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
☐ Hospital (# beds _____)
☐ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☒ Mail Service
☐ Long Term Care

Board Use Only

Received: JUN 10 2010 Check Number: 826 Amount: 500.00

53960
1959

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

* FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Sterling Medical Services, LLC
Physical Address: 7343 S. Hardy Dr., Tempe, AZ 85283-4480
Mailing Address: 7343 S. Hardy Drive
City: Tempe State: AZ Zip Code: 85283-4480
Telephone Number: (800)998-4887, ext. 32660 Fax Number: (602)293-2749
Toll Free Number: (800)998-4887, ext. 32660
E-mail: joy.cipperly@mekesson.com Website: None
Managing Pharmacist: Brian A. Donarski License Number: 30144 11

Hours of Operation:

Monday thru Friday 10:00 am 6:30 pm Saturday (ON CALL) am _____ pm
Sunday CLOSED am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JUN 28 2010 Check Number: 568 Amount: 500~

NEVADA STATE BOARD OF PHARMACY
555 Double Eagle Court #1100 • Reno, NV 89521 • (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be typed or printed legibly

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

New Wholesaler ☐

Ownership Change ☒ Name Change ☒

(Please provide current license number if making changes: WH 00394)

FACILITY INFORMATION

Facility Name: ABBOTT PRODUCTS, INC.

Physical Address: 1801 WEST OAK PARKWAY, SUITE A, MARIETTA, GA 30062

Mailing Address: 100 ABBOTT PARK RD. D-GS02 / BLDG. AP5, ABBOTT PARK, IL 60064

City: MARIETTA State: GA Zip Code: 30062

Telephone Number: 770-579-7200 Fax Number: 770-579-7230

E-mail: DENISE.STOLLENWERK@ABBOTT.COM

Facility Manager: JACQUELINE COOK

Professional qualifications and experience of facility manager: SEE ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other _____

Type of Products to be handled or wholesaled by firm

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

Board Use Only

Received _____ Check Number 406 Amount 500.00

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Medical Device Technologies, Inc. dba Angiotech

Physical Address: 3600 SW 47th Ave.

Mailing Address: _____

City: Gainesville State: FL Zip Code: 32608

Telephone Number: 352-338-0440 Fax Number: 352-338-0662

Toll Free Number: _____

E-mail: mwhite@angiotech.com Website: www.angiotech.com

Facility Manager: Juan Arango

Professional qualifications and experience of facility manager: See attached form

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: JUN 21 2010 Check Number: 908 Amount: 500.00

90-

54045
1034

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Beach Pharmaceuticals, Inc.

Physical Address: 1700 Perimeter Road

Mailing Address: _____

City: Greenville State: SC Zip Code: 29605

Telephone Number: 864-277-7282 Fax Number: 864-277-8045

Toll Free Number: 800-277-8210

E-mail: dochenreider@pai-pharma.com Website: www.pai-pharma.com

Facility Manager: Jane Hicks

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: over the counter

Board Use Only

Received: JUN 02 2010 Check Number: 653 Amount: 500.00

VAWD

53908
1026

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

New Wholesaler X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

180~
54071
1038

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

FEE \$500.00 (**non-refundable** and **not transferable**)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Hi-Tech Pharmacal Co., Inc.

Physical Address: 369 Bayview Avenue, Amityville, NY 11701

Mailing Address: 369 Bayview Avenue

City: Amityville State: NY Zip Code: 11701

Telephone Number: (631) 789-8228 Fax Number: (631) 789-8429

Toll Free Number: (631) 1-800-262-9010

E-mail: acaccavale@hitechpharm.com Website: http://www.hitechpharm.com

Facility Manager: Eyal Nares

Professional qualifications and experience of facility manager: Vice President of Operations

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

JUN 15 2010

Received: _____ Check Number: 112 Amount: 500.00

10-K

54010
1032

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Par Pharmaceutical, Inc.
Physical Address: 30 Dunningan Drive
Mailing Address: 1 Ram Ridge Road, Spring Valley NY 10977
City: Montebello State: NY Zip Code: 10901
Telephone Number: 845-573-5749 Fax Number: 845-425-8956
Toll Free Number: _____
E-mail: Angela.Feniger@parpharm.com Website: www.parpharm.com
Facility Manager: Sean Cunningham
Professional qualifications and experience of facility manager: See attached CV
Sean Cunningham

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 25 2010 Check Number: 848 Amount: 500.00

pt

53842
1024

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

FEE \$500.00 (**non-refundable** and **not transferable**)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WHI _____)

GENERAL INFORMATION

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 101 Wales Avenue Tonawanda, NY 14150

Mailing Address: c/o Patterson Companies, Inc. 1031 Mendota Heights Road

City: St. Paul State: MN Zip Code: 55120

Telephone Number: 716-807-3017 Fax Number: 716-695-5884

Toll Free Number: 800-556-3326

E-mail: joe.kasinski@patterson-medical.com Website: www.pattersoncompanies.com

Facility Manager: Ron Dinderski, Facility Manager; Joseph (Joe) Kasinski, Team Leader/Production, will be the Designated Representative

Professional qualifications and experience of facility manager: See attached Resume for Joe Kasinski,
Team Leader/Production

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) **List 1 Chemical Distributor**
☐ Other: _____

Board Use Only

Received: **JUN 21 2010** Check Number: 686 Amount: 500.00

54046
1036

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler _____ Ownership Change X Name Change X Location Change _____
(Please provide current license number if making changes: WH 01294)

(Under Name of Medco Supply Company, Inc.)

GENERAL INFORMATION

Facility Name: Patterson Medical Supply, Inc.

Physical Address: 500 Fillmore Avenue Tonawanda, NY 14150

Mailing Address: c/o Patterson Companies, Inc. 1031 Mendota Heights Road

City: St. Paul State: MN Zip Code: 55120

Telephone Number: (716) 807-3012 Fax Number: 716-695-5884

Toll Free Number: 800-556-3326

E-mail: paul.demartinis@patterson-medical.com Website: www.pattersoncompanies.com

Facility Manager: Paul J. DeMartinis

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

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: **JUN 21 2010** Check Number: 482 Amount: 500.00

Page 1 - 2009

54047
1035

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Pedinol Pharmacal, Inc.

Physical Address: 30 Banfi Plaza North

Mailing Address: 30 Banfi Plaza North

City: Farmingdale State: NY Zip Code: 11735

Telephone Number: 631-293-9500 Fax Number: 631-293-7359

Toll Free Number: 800-733-4665

E-mail: lmoore@pedinol.com Website: www.pedinol.com

Facility Manager: Gary Strauss, CEO

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: JUN 15 2010 Check Number: 829 Amount: 500.00

54020
1033

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Pharmaceutical Associates, Inc.

Physical Address: 1700 Perimeter Road

Mailing Address: _____

City: Greenville State: SC Zip Code: 29605

Telephone Number: 864-277-7282 Fax Number: 864-277-8045

Toll Free Number: 800-845-8210

E-mail: bochenreider@paipharma.com Website: www.paipharma.com

Facility Manager: Jane C. Hicks

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: Over the Counter

Board Use Only

Received: JUN 10 2010 Check Number: 124 Amount: 500.00

VAWD

53965
1028

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Sanofi Pasteur Inc.

Physical Address: 2500 Southpoint Drive

Mailing Address: 2500 Southpoint Drive

City: Forest Park State: GA Zip Code: 30297

Telephone Number: 404-362-5000 Fax Number: 404-362-5015

Toll Free Number: N/Ap

E-mail: autumn.jacobs@sanofipasteur.com Website: www.sanofipasteur.com

Facility Manager: Thomas J. Coltharp

Professional qualifications and experience of facility manager: _____
>10 years experience managing pharmaceutical distribution activities Bachelors in Business Admin., Mgt.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: 6-21-10 Check Number: 8020 Amount: 500.00

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

FEE \$500.00 (**non-refundable** and **not transferable**)
Application must be printed legibly

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

New Wholesaler <input checked="" type="checkbox"/> Ownership Change _____ Name Change _____ Location Change _____ (Please provide current license number if making changes: WH _____)
--

GENERAL INFORMATION

Facility Name: Sentry BioPharma Services, Inc.

Physical Address: 4605 Decatur Blvd., Indianapolis, IN 46241

Mailing Address: same

City: Indianapolis State: IN Zip Code: 46241

Telephone Number: (317) 856-5889 Fax Number: (317) 856-4620

Toll Free Number: (866) 757-7400

E-mail: jmarcum@sentrybps.com Website: www.sentrybps.com

Facility Manager: Eric Isom

Professional qualifications and experience of facility manager: resume attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinical research sites, CMO's, CRO's

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: OTC and investigational new drugs

Board Use Only

Received: JUN 10 2010 Check Number: 5044 Amount: 500.00

YAWD

53964
1029

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

FEE \$500.00 (non-refundable and not transferable)
Application must be typed or printed legibly

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

New Wholesaler ☒

Ownership Change ☐ Name Change ☐

(Please provide current license number if making changes: WH _____)

FACILITY INFORMATION

Facility Name: XTTRIUM LABORATORIES, INC.

Physical Address: 1200 East Business Center Drive, Mount Prospect, IL 60056

Mailing Address: State License Servicing, 8 Eagles Watch

City: Warwick State: NY Zip Code: 10990

Telephone Number: (845) 544-2482 Fax Number: (845) 544-2481

E-mail: SLS2@me.com

Facility Manager: Kevin S. Creevy

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other Medical Supply Chains

Type of Products to be handled or wholesaled by firm

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

Board Use Only

Received JUN 28 2010 Check Number 111 Amount 500.00

54152

1040

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 _____ Ownership Change ☒ Name Change ☒ Location Change _____
(Please provide current license number if making changes: PH 02113)

GENERAL INFORMATION

Pharmacy Name: Ridley's Clinic PHARMACY

Physical Address: #6 STEPTOE CIRCLE

Mailing Address: - SAME -

City: Ely State: NV Zip Code: 89301

Telephone Number: 775-289-3420 Fax Number: 775-289-3422

Toll Free Number: N/A

E-mail: 1154CLINICRX@shopridleys.com Website: N/A

Managing Pharmacist: JOSE Rodriguez License Number: 17126

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm Saturday CLOSED am _____ pm

Sunday CLOSED am _____ pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
☐ Hospital (# beds _____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Board Use Only

Received: JUN 24 2010 Check Number: 749 Amount: 500-

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**LISA A. HEATHCOCK, PT
Certificate of Registration No.: PT02628**

Case No. 10-007-PT-S

**WALGREENS #12646
Certificate of Registration No.: PH02353
Respondents.**

Case No. 10-007-PH-S

_____/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Heathcock is a registered pharmaceutical technician with the Board and Respondent Walgreens #12646 is a registered pharmacy with the Board located at 329 North Sandhill Boulevard, Mesquite, Nevada.

II.

On or about December 21, 2009 it came to the Board's attention that Ms. Heathcock had not renewed her pharmaceutical technician registration. Board staff requested Ms. Heathcock's work hours from November 1, 2008 through December 11, 2009 from the district pharmacy supervisor for Walgreens #12646, the pharmacy at which Ms. Heathcock was employed. It was determined that Ms. Heathcock had worked for 1,644 hours, or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

FIRST CAUSE OF ACTION

III.

By working at Walgreens #12646 for approximately 205 days between November 1, 2008 to December 14, 2009 when she had not renewed her pharmaceutical technician registration, Ms. Heathcock violated NRS 639.210(4) and/or (13) and (NAC) 639.945 (1)(i) and/or (k).

SECOND CAUSE OF ACTION

IV.

In owning and operating the pharmacy in which Ms. Heathcock worked without a license and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260 and 639.945(1)(i) and/or (k) and/or (2).

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

Signed this 4th day of February, 2010.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
v. NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**LISA A. HEATHCOCK, PT
Certificate of Registration No.: PT02628
Respondent.**

Case No. 10-007-PT-S

_____/

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

I.

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

II


You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, July 14, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 4th day of February, 2010.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE
OF DEFENSE

LISA A. HEATHCOCK, PT
Certificate of Registration No.: PT02628

Case No. 10-007-PT-S

Respondent.

_____/


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

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

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

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 21st day of February, 2010.



Lisa A. Heathcock, PT

To: Nevada Board of Pharmacy
Re: Letter of Explanation
Date: December 15, 2009

To Whom It May Concern:

My name is Lisa Heathcock (PT02628) and I am writing to you in regards to a situation concerning my Technician license that I **first** became aware of on December 11, 2009.

I had received a call from my store manager informing me that our district office had called and told him that I needed to check my state license because it was expired. I immediately accessed the website, but it was down. I then called the State Board and was informed that it had in fact expired. I was completely taken back and shocked. I have been with my company, Walgreens for over a decade now and I can assure you that I have never had a problem with renewing my license- until now. I am PTCB certified and that license is active. I honestly thought I had renewed my state license as well. This is a mistake on my part and I accept full responsibility; however, this could have been caught by an internal audit as well.

My only excuse, although I am accountable for my own actions is this: I am a single parent who was working two jobs at the time while going to school full-time. I also held the position of Secretary on the PTA board at my son's school. I was working in Mesquite, Nevada while commuting over an hour one-way to Las Vegas, which is where my son and I attend school. We did this commute daily. I had moved to help with the extension of our Pharmacy chain to the Mesquite area. I admit that the initial strain of our commute, as well as, the many tasks I had taken on became too much. I have since quite the second job and while I still volunteer at my son's school, I am no longer on the PTA board. This has somewhat lessened the amount of stress and gave me much needed clarity that I was missing.

I am a responsible adult and I again, take full responsibility for my actions. I am not denying accountability! I do ask that you please take into consideration my many attributes and that I sincerely apologize for this "mistake". I hope that you will please look favorable when faced with the decision to suspend /deny my license or when taking any disciplinary action. If you have any questions or if I can be of any help, please contact me.

Thank you for your time and I look forward to hearing from you.

Sincerely,

Lisa Heathcock

P.S. On December 14, 2009 just 11 days before Christmas and with over a decade with my company I was terminated!

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**LISA A. HEATHCOCK, PT
Certificate of Registration No.: PT02628**

Case No. 10-007-PT-S

**WALGREENS #12646
Certificate of Registration No.: PH02353
Respondents.**

Case No. 10-007-PH-S

_____/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Heathcock is a registered pharmaceutical technician with the Board and Respondent Walgreens #12646 is a registered pharmacy with the Board located at 329 North Sandhill Boulevard, Mesquite, Nevada.

II.

On or about December 21, 2009 it came to the Board's attention that Ms. Heathcock had not renewed her pharmaceutical technician registration. Board staff requested Ms. Heathcock's work hours from November 1, 2008 through December 11, 2009 from the district pharmacy supervisor for Walgreens #12646, the pharmacy at which Ms. Heathcock was employed. It was determined that Ms. Heathcock had worked for 1,644 hours, or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

FIRST CAUSE OF ACTION

III.

By working at Walgreens #12646 for approximately 205 days between November 1, 2008 to December 14, 2009 when she had not renewed her pharmaceutical technician registration, Ms. Heathcock violated NRS 639.210(4) and/or (13) and (NAC) 639.945 (1)(i) and/or (k).

SECOND CAUSE OF ACTION

IV.

In owning and operating the pharmacy in which Ms. Heathcock worked without a license and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260 and 639.945(1)(i) and/or (k) and/or (2).

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

Signed this 4th day of February, 2010.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**WALGREENS #12646
Certificate of Registration No.:PH02353
Respondent.**

Case No. 10-007-PH-S

_____/

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

I.

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

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, July 14, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 4th day of February, 2010.



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

NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. LISA A. HEATHCOCK, PT Certificate of Registration No: PT02628 WALGREENS #12646 Certificate of Registration No: PH02353	<u>WALGREEN'S ANSWER</u> <u>TO INTENDED ACTION</u> <u>AND ACCUSATION</u> Case No. 10-007-PH-S
--	--

Walgreens #12646, by and through its attorney of record, Robert C. Graham, Esq. of the Law Firm of Rob Graham & Associates does hereby Answer the Intended Action and Accusation as follows:

As to Paragraph I, Walgreens admits the assertions therein.

As to Paragraph II, Walgreens admits that Respondent Heathcock was an employee of Walgreens and was working as a pharmaceutical technician, but denies the remaining allegations. For purposes of clarity, Walgreens understands that Respondent Heathcock was working during this period and it is likely that she also worked during the times in question. It is Walgreens belief and understanding that Respondent Heathcock divided her work hours during the times in question between Walgreens #10978 (632 hours from 11/14/08-4/17/09) and Walgreens #12646 (1012 hours from 5/1/09-12/14/09).

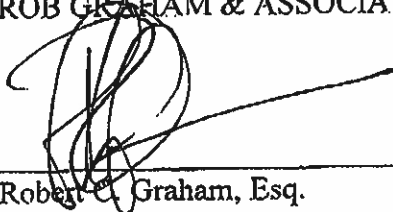
As to Paragraph III (First Cause of Action), Walgreens does not deny the assertions contained therein, but lacks information as to the registration and licensing attempts by Respondent during said period.

As to Paragraph IV (Second Cause of Action), Walgreens does not deny the assertions contained therein, but reserves the right to continue its research to determine the actual licensing or registration status of Respondent Heathcock, as it is not the policy of Walgreens to allow unlicensed technicians to work in its pharmacy department. Walgreens is conducting an internal review of this matter and reserves all rights it may have to argue mitigating circumstances or even deny the assertions based upon later found evidence.

Walgreens requests a hearing on this matter to determine what transpired and factual circumstances surrounding the non-licensing renewal of Respondent Heathcock to determine and allocate responsibility, and if necessary, to take corrective internal actions to avoid such an incident in the future.

DATED THIS 9th day of February, 2010.

ROB GRAHAM & ASSOCIATES

A handwritten signature in black ink, appearing to be "R. Graham", is written over a horizontal line.

Robert C. Graham, Esq.
Nevada Bar No. 004016
7375 W. Peak Dr., #220
Las Vegas, Nevada 89128
(702) 2550-6161
rgraham@lawyerswest.net
Attorney for Respondent Walgreens

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

EDUARDO MORALES, R.PH
Certificate of Registration No.: 15978
Respondent.

NOTICE OF INTENDED ACTION
AND ACCUSATION
Case No. 10-038-RPH-S

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

I.

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

II.

Mr. Morales checked his pharmacist license renewal application indicating he had completed 30 CE's. Mr. Morales was randomly selected for an audit after the 2009 renewal period. Mr. Morales was sent a letter on January 4, 2010 requesting copies of his CE for the period between November 1, 2007 and October 31, 2009. Mr. Morales was given until February 4, 2010 to submit his CE to Board staff. Mr. Morales did not respond to that request and was sent another letter on February 8, 2010 requesting him to submit his CE within 10 days. To date, Mr. Morales has not responded to these requests nor has he submitted his CE.

FIRST CAUSE OF ACTION

III.

By failing to provide Board staff copies of his continuing education as requested

for audit purposes for the biennial period between November 1, 2007 to October 31, 2009, Mr. Morales violated NRS 639.210(4) and/or 639.2174 and/or Nevada Administrative Code (NAC) 639.330, 639.390 and/or 639.945(1)(m).

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

Signed this 9th day of April, 2010.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING
Case No. 10-038-RPH-S**

**v.
EDUARDO MORALES, R.PH
Certificate of Registration No.: 15978
Respondent.**

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

I.

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

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, July 14, 2010 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 9th day of April, 2010.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

EDUARDO MORALES, R.PH

Certificate of Registration No.: 15978

Respondent.

**ANSWER AND NOTICE
OF DEFENSE**

Case No. 10-038-RPH-S

_____ /

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

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

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 _____, 2010.

Eduardo Morales, R.Ph

EDUARDO MORALES
2244 GREENBREA DRIVE #217
SPARKS, NV 89431

Tuesday, April, 12, 2010

Nevada Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

ATTN: MR.LARRY PINSON, Executive Secretary

Dear Mr. Pinson:

I don't know how to explain myself, but I will try: After I quit Smith's Drugs in Feb. 2009, I moved back to New Jersey, in Oct. of 2009, my wife and I decided to move back to Nevada, needless to say two full changes of address in one year leads to a lot of work and packing and etc. Also, I have not worked in any pharmacy since I stopped working for Smith, and I have not looked for a job since then, and to complicate things more, I retired in Oct, 2009, I really cannot explain why I renewed my License when I should have retired it also, right now I still have things in crates and boxes and with my RA I cannot even open vials which is one of the reasons I retired also. This is a comedy of errors and a mess which is of course my fault. I really need some guidance in this situation and I would really appreciate any help you can give me.
Thank you in advance for your time and help.

Yours,



APR 15 2010

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JOSEPH OVERMIRE, R.PH
Certificate of Registration No.: 16878
Respondent.

NOTICE OF INTENDED ACTION
AND ACCUSATION
Case No. 10-035-RPH-S

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

I.

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

II.

Mr. Overmire checked his pharmacist license renewal application indicating he had completed 30 CEU's. During a random continuing education audit for the biennium ending October 31, 2007 it was revealed he could only provide 20.0 CE units between November 1, 2005 and October 31, 2007. In lieu of a formal disciplinary action, Mr. Overmire was sent a letter on July 23, 2008 directing him to complete 60 hours of CE (2 times the minimum) as a penalty for not having completed 30 hours of CE as he attested to on his renewal and to make up the 10.0 deficient CE's from that renewal period. Mr. Overmire was also advised that he would be audited again in 2009.

III.

On February 5, 2010 Mr. Overmire was sent another letter requesting copies of his continuing education for the follow-up audit. At that time, Mr. Overmire was to provide Board staff with 70.0 CE's for the penalty for being unable to provide 30 CE's

for the 2007 random audit, as well as the 30 CE's that were due for the renewal period ending October 31, 2009. Mr. Overmire submitted 60.0 CE's in response to the February 5, 2010 letter and indicated that he misunderstood the letters he received indicating that he needed 100.0 CE's to fulfill his audit requirements and was only able to provide Board staff with 60.0 CE's. Mr. Overmire indicated that he had been ill and had not worked since October, 2009.

FIRST CAUSE OF ACTION

V.

By indicating on his renewal application that he had completed 30 CE's during the biennial period November 1, 2005 to October 31, 2007 when he could only provide proof of 20.0 CE's, Mr. Overmire violated NRS 639.210(4) and/or (9) and/or 639.2174 and/or Nevada Administrative Code (NAC) 639.330 and 639.390.


SECOND CAUSE OF ACTION

VI.

In failing to provide Board staff with adequate continuing education certificates to fulfill the audit requirements when requested for the follow-up 2009 audit, Mr. Overmire violated NRS 639.210(4) and/or 639.2174 and/or Nevada Administrative Code (NAC) 639.330 and/or 639.390

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

Signed this 7th day of April, 2010.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING
Case No. 10-035-RPH-S**

**v.
JOSEPH OVERMIRE, R.PH
Certificate of Registration No.: 16878
Respondent.**

_____ /

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

I.

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

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, July 14, 2010 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 7th day of April, 2010.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JOSEPH OVERMIRE, R.PH
Certificate of Registration No.: 16878
Respondent.

ANSWER AND NOTICE
OF DEFENSE
Case No. 10-035-RPH-S

_____/

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

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

APR 19 2010

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

LETTER JULY 23, 2008 stated ① complete 60 hours of C.E. ② \$250⁰⁰ fee ③ Take C.E. exam.

LETTER of AUGUST 19, 2008 returned to board & apparently rested in my file for 1 1/2 years.

8-19-08 LETTER included with FEB 5, 2010 and was first time I knew of 100 hour C.E. requirement. At that point it was too late for the OCT 2009 deadline by about 4 months and I was informed it would be resolved in July 2010

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 16th day of April, 2010.

Joseph Overmire
Joseph Overmire, R.Ph

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KUNKU KANG, R.PH
Certificate of Registration No.: 14561
Respondent.**

**NOTICE OF INTENDED ACTION
AND ACCUSATION
Case No. 10-034-RPH-S**

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

I.

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

II.

Mr. Kang checked his pharmacist license renewal application indicating he had completed 30 CEU's. During a random continuing education audit for the biennium ending October 31, 2007 it was revealed he could only provide 28.5 CE units between November 1, 2005 and October 31, 2007. In lieu of a formal disciplinary action, Mr. Kang was sent a letter on July 23, 2008 directing him to complete 45 hours of CE (1 ½ times the minimum) as a penalty for not having completed 30 hours of CE as he attested to on his renewal and to make up the 1.5 deficient CE's from that renewal period. Mr. Kang was also advised that he would be audited again in 2009.

III.

On February 5, 2010 Mr. Kang was sent another letter requesting copies of his continuing education for the follow-up audit. At that time, Mr. Kang was to provide Board staff with 46.5 CE's for the penalty for being unable to provide 30 CE's for the

2007 random audit, as well as the 30 CE's that were due for the renewal period ending October 31, 2009. Mr. Kang submitted copies of the original CE's he provided Board staff for the 2007 audit plus additional CE's that he found in his wife's CE folder that were misfiled, assuming that by submitting these certificates it would suffice.

IV.

On February 12, 2010 Mr. Kang was sent another letter advising him that it was too late to submit CE's that should have been provided for the 2007 audit. Mr. Kang was again asked to submit 30 CE's for the 2009 audit plus the 45 hours of penalty CE's and 1.5 CE's to make up for the CE's he could not provide for the 2007 audit. Mr. Kang provided 45 CE's to Board staff and indicated that he misunderstood the letters he received indicating that he needed 77.5 CE's to fulfill his audit requirements and was only able to provide Board staff with 45 CE's.

FIRST CAUSE OF ACTION

V.

By indicating on his renewal application that he had completed 30 CE's during the biennial period November 1, 2005 to October 31, 2007 when he could only provide proof of 28.5 CE's, Mr. Kang violated NRS 639.210(4) and/or (9) and/or 639.2174 and/or Nevada Administrative Code (NAC) 639.330 and 639.390.

SECOND CAUSE OF ACTION

VI.

In failing to provide Board staff with adequate continuing education certificates to fulfill the audit requirements when requested for the follow-up 2009 audit, Mr. Kang violated NRS 639.210(4) and/or 639.2174 and/or Nevada Administrative Code (NAC) 639.330 and/or 639.390

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

Signed this 7th day of April, 2010.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING
Case No. 10-034-RPH-S**

**v.
KUNKU KANG, R.PH
Certificate of Registration No.: 14561
Respondent.**

_____/

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

I.

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

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, July 14, 2010 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 7th day of April, 2010.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

KUNKU KANG, R.PH
Certificate of Registration No.: 14561
Respondent.

ANSWER AND NOTICE
OF DEFENSE
Case No. 10-034-RPH-S

_____/


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

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

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 17th day of April, 2010.



Kunku Kang, R.Ph

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**CHRISTOPHER J. PETERS, R.PH
Certificate of Registration No.: 16325
Respondent.**

Case No. 10-039-RPH-S

_____/

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

I.

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

II.

Mr. Peters checked his pharmacist license renewal application indicating he had completed 30 CE's for the renewal period November 1, 2007 through October 31, 2009. During a random continuing education audit it was revealed that Mr. Peters had completed 48 hour credits by attending two 24 hour medical educator consortium programs which are accredited by the Accreditation Council for Continuing Medical Education and accepted by the American Medical Association. These continuing education courses were not ACPE approved courses and therefore do not qualify for pharmacist continuing education credit.

III.

Mr. Peters renewed his pharmacist license by submitting a renewal form and a check. The renewal was accepted by the Board on October 15, 2009. When Mr.

Peters submitted the continuing education certificates requested for the audit, he submitted a certificate of continuing education for having completed a written Nevada CE law examination. Even though Mr. Peters passed the Nevada law examination, it was not received by e-mail until November 3, 2009 which was after the October 31, 2009 renewal deadline.

FIRST CAUSE OF ACTION

IV.

By indicating on his renewal application that he had completed 30 CE's during the biennial period November 1, 2007 to October 31, 2009 when he actually had not completed any pharmacy related CE's, Mr. Peters violated NRS 639.210(4) and/or 639.2174 and Nevada Administrative Code (NAC) 639.310, 639.330, 639.390 and/or 639.945(1)(m).

SECOND CAUSE OF ACTION

V.

In failing to complete the Nevada law examination within the biennial period of November 1, 2007 and October 31, 2009, Mr. Peters violated NRS 639.210(4) and/or NAC 639.639.330.

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

Signed this 9th day of April, 2010.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

v.

**CHRISTOPHER J. PETERS, R.PH
Certificate of Registration No.: 16325
Respondent.**

Case No. 10-039-RPH-S

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

I.

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

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, July 14, 2010 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 9th day of April, 2010.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**ANSWER AND NOTICE
OF DEFENSE**

**CHRISTOPHER J. PETERS, R.PH
Certificate of Registration No.: 16325
Respondent.**

Case No. 10-039-RPH-S

_____ /

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

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

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 _____, 2010.

Christopher J. Peters, R.Ph

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**CHRISTOPHER J. PETERS, RPH,
Certificate of Registration No. 16325,**

Case No. 10-011-RPH-S

Respondent.

_____/

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

I.

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

II.

On February 1, 2010, the Board of Pharmacy received written notice from Debbie Mack, Director of Pharmacy Services for Wal-Mart, that Christopher Peters had been terminated from employment on January 27, 2010 for diversion of controlled substances from Wal-Mart #10-2402, Wal-Mart #10-2617, and Wal-Mart #10-4356.

III.

Wal-Mart Market Asset Protection Manager, Tobie Dille, asked Idaho Asset Protection Manager, Brent Cohen, to join him in an investigation he was conducting in relation to a pharmacist he believed was creating and filling fraudulent prescriptions. Mr. Cohen agreed with Mr. Dille's determination and felt there was enough evidence to interview Mr. Peters.

IV.

Mr. Peters submitted a written statement admitting to taking approximately 100 tablets of Norco and approximately 40 Xanax tablets from his employing pharmacy for his personal use. Mr. Peters also admitted to creating and filling approximately 20 to 30 prescriptions under three doctor's names without their knowledge or authority. Mr. Peters filled these prescriptions using four different person's names for Norco, Xanax, Suboxone, Valium and Subutex. Mr. Peters attributed his indiscretions to being bitten by a brown recluse spider, depression, being unable to sleep, and ultimately a rollover car accident.

FIRST CAUSE OF ACTION

V.

In obtaining controlled substances, namely Norco, Xanax, Suboxone, Valium and Subutex, without a lawful prescription therefore, Mr. Peters violated Nevada Revised Statutes (NRS) 453.331(1)(d), and/or 453.336(1), and/or and/or 639.210(1),(4), and/or (12) and Nevada Administrative Code (NAC) 639.945(1)(h).

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

Signed this 12th day of February, 2010.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**CHRISTOPHER J. PETERS, RPH,
Certificate of Registration No. 16325,**

Case No. 10-011-RPH-S

Respondent.

_____/

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

I.

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

II


You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, July 14, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 12th day of February, 2010.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE
OF DEFENSE

CHRISTOPHER J. PETERS, RPH,
Certificate of Registration No. 16325,

Case No. 10-011-RPH-S

Respondent.

_____/

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

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

None

MAR - 1 2010

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

I admit to all of the allegations against me. I am currently enrolled in the PRN program with Larry Espadero as well as attending Narcotics Anonymous meetings on a daily basis. I have not used any illicit substances since 01/27/2010. I also have a sponsor with whom I am talking with on a daily basis and working the 12 steps.

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 25th day of February, 2010.



Christopher J. Peters, RPh

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**LENNY SALDARRIAGA, PTT
Certificate of Registration No. PT08572,**

Case No. 10-002-PT-S

Respondent.

_____/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Saldarriaga is a registered pharmaceutical technician in training with the Board.

II.

On or about January 5, 2010, Board staff received a DEA Form 106, Report of Theft or Loss of Controlled Substances, from Walgreens #3844 managing pharmacist, Tuan Vu. The report indicated that on November 19, 2009 Walgreens #3844 experienced a loss of 18,934 Lortab tablets with a value of \$1,141.21 caused by employee pilferage. In a report received from Walgreens Loss Prevention personnel, it was found that on November 16, 2009 Mr. Saldarriaga was observed removing a trash bag from the pharmacy. The bag was later searched and it was found to contain two full bottles of 500 hydrocodone/APAP 10/500 tablets. It was noted that Mr. Saldarriaga was no longer working in the pharmacy but was collecting trash from the pharmacy to

be disposed of. Mr. Saldarriaga was interviewed by Walgreens loss prevention personnel and he confessed to having diverted controlled substances from the pharmacy. In a written statement Mr. Saldarriaga indicated that he had been contacted multiple times to divert drugs from the pharmacy for a Walgreens patient. Mr. Saldarriaga admitted that he took the two bottles of hydrocodone/APAP 10/500 found in the trash bag and that he had taken six other bottles of 500 hydrocodone/APAP 10/500 tablets. Mr. Saldarriaga indicated in his written statement that he would put the bottles of hydrocodone/APAP 10/500 in a trash bag and at a later time the patient would retrieve the hydrocodone/APAP 10/500 bottles from the dumpster behind Walgreens #3844. Mr. Saldarriaga was terminated from employment and arrested by Las Vegas Metro police officers.

FIRST CAUSE OF ACTION

III.

In removing controlled substances, namely hydrocodone/APAP 10/500 tablets, without a prescription therefore, Mr. Saldarriaga violated (NRS) 453.331(1)(d), 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

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

Signed this 4th day of February, 2010.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**LENNY SALDARRIAGA, PTT
Certificate of Registration No. PT08572,**

Case No. 10-002-PT-S

Respondent.

_____/

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

I.

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

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, July 14, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 4th day of February, 2010.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**LENNY SALDARRIAGA, PTT
Certificate of Registration No. PT08572,**

Case No. 10-002-PT-S

Respondent.

_____ /

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

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

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

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

DATED this _____ day of _____, 2010.

Lenny Saldarriaga, PTT

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**NIKO LIGUTON, PT,
Certificate of Registration No. PT07093,**

Case No. 10-049-PT-S

Respondent.

_____/

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

I.

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

II.

On or about May 11, 2010, the Board of Pharmacy was notified by Tammy Myxter, District Pharmacy Supervisor for Smith's Food and Drug Companies, that Mr. Liguton had been terminated from employment at Smith's #358 for failing a random drug test on May 3, 2010. Mr. Liguton tested positive for methamphetamine. Mr. Liguton left work early on May 8th, called in sick on May 9th and 10th. Mr. Liguton was scheduled off on May 11th and 12th and had vacation scheduled from May 13th through the 19th. Smith's store management and pharmacy management tried to reach Mr. Liguton numerous times, however he never returned any of their calls. Since they were unsuccessful reaching Mr. Liguton, Smith's moved forward with his termination of employment.

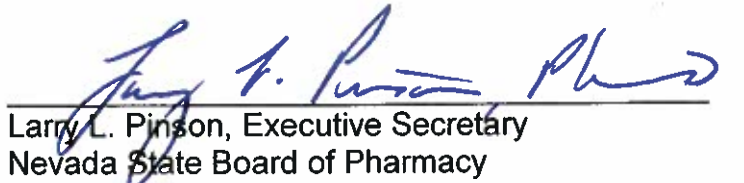
FIRST CAUSE OF ACTION

III.

In testing positive for methamphetamine while working at Smith's #358, Respondent Liguton violated Nevada Revised Statutes NRS 639.210(1), (3) and/or (4).

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

Signed this 1st day of June, 2010.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**NIKO LIGUTON, PT,
Certificate of Registration No. PT07093,**

Case No. 10-049-PT-S

Respondent.

_____/

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

I.

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

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, July 14, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 15 day of June, 2010.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**NIKO LIGUTON, PT,
Certificate of Registration No. PT07093,**

Case No. 10-049-PT-S

Respondent.

_____/

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

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

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

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

DATED this _____ day of _____, 2010.

Niko Liguton PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 09-114-RPH-S

v.

ELIJAH AKPAN, RPH
Certificate of Registration No.: 11506

NOTICE OF INTENDED ACTION
AND ACCUSATION

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241.

I.

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

II.

The Nevada State Board of Pharmacy has received a copy of The United States District Court Superseding Indictment and the United States District Court Judgment in a Criminal Case (Case Number 2:05-CR-304-RCJ-RJJ). The Judgment cites that Respondent pled guilty to one count (number 50 of 129 counts) of Medicare and Medicaid Health Care Fraud. Included in the charge in the Superseding Indictment was for knowingly and willfully submitting Medicare or Medicaid claims for patients that did not receive DME products, and having received payment for those claims. The Superseding Indictment charged Mr. Akpan with having received over \$2.5 million in Medicare and Medicaid reimbursement.

III.

The Judgment in this matter sentenced Mr. Akpan to probation for a term of five

years. Mr. Akpan was ordered to pay a lump sum payment of \$811,566.59 in criminal monetary penalties.

FIRST CAUSE OF ACTION

IV.

Having been convicted of a felony involving Medicare and Medicaid fraud, Mr. Akpan violated NRS 639.210(1), (4), and/or (7)(a) and/or 639.2815

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

Signed this 14th day of February, 2010.


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

NOTICE TO RESPONDENT

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

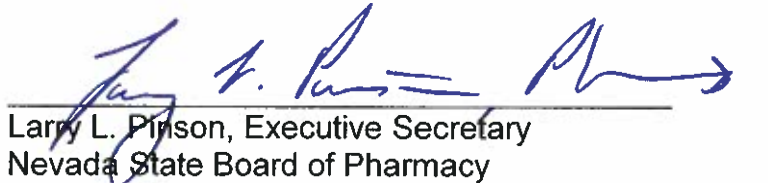
III.

The Board has reserved Wednesday July 14, 2010, as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 4th day of February, 2010.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 09-114-RPH-S

v.

**ELIJAH AKPAN, RPH
Certificate of Registration No.: 11506**

**ANSWER AND NOTICE
OF DEFENSE**

Respondent.

_____/

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

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

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

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

DATED this _____ day of _____, 2010.

Elijah Akpan, RPH

Efrem M. Grail
Direct Phone: +1 412 288 4586
Email: egrail@reedsmith.com

Reed Smith LLP
Reed Smith Centre
225 Fifth Avenue
Pittsburgh, PA 15222-2716
+1 412 288 3131
Fax +1 412 288 3063
reedsmith.com

April 22, 2010

Via Overnight Courier

Carolyn J. Cramer, Esq.
General Counsel
Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

APR 23 2010

Application for ANEWrx

Dear Ms. Cramer:

This Firm represents ANEWrx, in connection with its application to the Nevada State Board for an out-of-state pharmacy license, submitted on or about January 21, 2010 to your Agency. We are in receipt of your letter of April 6, 2010 to Mr. Robert F. Hahn, R.Ph., Pharmacist Manager for ANEWrx, and submit this response on his behalf.

We have been informed that anonymous letters were sent to state Boards of Pharmacy in some of the jurisdictions in which ANEWrx does business. We believe that these unfortunate letters originate from a disgruntled, unsuccessful competitor. We appreciate and welcome the opportunity to provide you with information and answers to any and all questions you may have concerning ANEWrx.

Your letter inquired whether the pharmacy dispensed controlled substances in Nevada without a license issued by your State Board. ANEWrx is licensed and in good standing in Pennsylvania. ANEWrx is not an internet pharmacy. ANEWrx is a compounding pharmacy that specializes in hormone replacement therapy.

ANEWrx was aware that certain states required licensure for out-of-state dispensing. Accordingly, ANEWrx sought guidance in order to comply with the various state laws. Unfortunately, ANEWrx was given incorrect guidance with respect to the requirements in Nevada. Because of this incorrect guidance, ANEWrx in fact did dispense prescription medications to patients in Nevada. Immediately upon discovering the correct information about Nevada's licensure requirements, ANEWrx sought assistance making, and did make, prompt application for Nevada licensure.

ANEWrx has not dispensed any narcotics or pain medications into Nevada. The only controlled substances dispensed in Nevada were hormone medications such as Testosterone.

ANEWrx has not been subject to any discipline in its home state of Pennsylvania, or in any other jurisdiction. As an aside, ANEWrx was inspected by the Pennsylvania Board of Pharmacy several weeks ago, and was found to have no deficiencies. In fact, the inspector noted how neat and clean the pharmacy was. For your convenience, we enclose a copy of that most recent inspection certificate, for your review.

Your letter further inquires about the status of William Sadowski. Mr. Sadowski is not one of the owners of ANEWrx. He is, however, an employed pharmacist of ANEWrx. A copy of his current Pennsylvania license in good standing is enclosed herewith. Charges are pending against him in the Pennsylvania state court. Mr. Sadowski informed Mr. Hahn, the Pharmacist Manager, of these charges. As we understand, they relate to billings that were submitted by another pharmacy where Mr. Sadowski previously worked. Mr. Sadowski's position is that he is innocent of all charges, and that another individual at his previous employer was responsible for any alleged improper billing. That individual has criminal charges pending against him as well. Mr. Sadowski is defending the charges to the fullest extent allowed by law.

The charges against Mr. Sadowski were filed in 2009 and remain pending. Mr. Sadowski has not been convicted and there has not been a trial on these charges. Mr. Sadowski has not been contacted by the Pennsylvania Board of Pharmacy, presumably because the charges are merely pending, and he has not been convicted of any crime.

The charges against Mr. Sadowski do not involve pharmacy services at ANEWrx. ANEWrx has not been charged with or convicted of any crimes. Mr. Sadowski is not the pharmacist manager in charge of ANEWrx. Furthermore, in his role as a pharmacist at ANEWrx, Mr. Sadowski does not submit claims to any third-party payors. For all of these reasons, ANEWrx has maintained Mr. Sadowski's employment on its staff. The pharmacy has kept and will continue to keep informed of the status of the criminal charges pending against Mr. Sadowski.

The anonymous letter your letter refers to is incorrect in that Mr. Sadowski is not one of the owners of ANEWrx. The pharmacy is 100%-owned by a limited partnership, ANEWrx LP. Partnership interests in ANEWrx LP are held according to the following percentages:

0.5% is owned by ANEWrx, LLC, a Pennsylvania limited liability corporation;

49.75% is held by HHDR, LP, a Pennsylvania limited partnership; and

49.75% is owned by WMS-MLS, LLC, also a Pennsylvania limited liability corporation.

Maria Sadowski is the owner of WMS-MLS, LLC. She is a Registered Nurse and the wife of Mr. Sadowski. Each of these matters are of public record in the state of Pennsylvania, and can be corroborated through the Pennsylvania Department of Corporations. Please let us know if you wish to receive verification directly from this Office.

Please feel free to give me a call after you have had a chance to review this letter, and the materials submitted with it, if you have any questions. ANEWrx places a very high priority on compliance with all statutes, laws and rules in the jurisdictions in which it dispenses medications.

Carolyn J. Cramer, Esq.
April 22, 2010
Page 3

ReedSmith

We appreciate your attention to this matter.

Very truly yours,

REED SMITH LLP

By:

Efrem M. Grail

EMG/seg

Enclosure

cc: Robert F. Hahn, R.Ph.

PHARMACY ROUTINE INSPECTION REPORT

NAME OF PHARMACY

ANEW RX

STREET ADDRESS

523 PARKWAY VIEW DR

TELEPHONE

'877' 788-8908

CITY

PITTSBURGH

STATE

PA

ZIP CODE

15205

PHARMACY PERMIT NUMBER

PP 481694

EXPIRATION DATE

8/31/11

PHARMACY DEA NUMBER

FA0180048

EXPIRATION DATE

9/30/10

OFFICIAL USE ONLY

DO NOT WRITE IN THIS SPACE

LICENSE NUMBER

NAME

CODE

INITIALS

CARTRIDGE NUMBER

PHARMACY PERSONNEL

PHARMACY MANAGER-NAME

ROBERT F HAHN

RP #

029268L

EXPIRATION DATE

9/30/10

PHARMACIST NAME

RP #

EXPIRATION DATE

PHARMACIST-NAME

WILLIAM M SADOWSKI

RP #

037655L

EXPIRATION DATE

9/30/10

PHARMACIST NAME

RP #

EXPIRATION DATE

PHARMACIST-NAME

RP #

PHARMACY INTERN NAME

PI #

EXPIRATION DATE

EXPIRATION DATE

DESCRIPTION	YES	NO	DESCRIPTION	YES	NO
Is a current pharmacy permit posted?	X		Is the prescription area clean and free of litter? If no, please explain in the comment section below.	X	
Is hot and cold running water available in the prescription area?	X		Are appropriate pharmaceutical equipment and supplies available in the prescription area? If no, list missing items in the comment section below.	X	
Does the pharmacy have a technician protocol?	X		Are prescription files maintained for at least two years and are they readily available?	X	
Do the labels bear the required information?	X		Are prescription refill authorizations being properly documented?	X	
Are there two current references?	X		Are prescription files properly maintained?	X	
Are all prescriptions verified by a registered pharmacist?	X		Are outdated drugs, vitamins, etc. removed from the shelves or otherwise handled to preclude use? If no, explain in the comment section below.	X	

Comments:

COMPOUNDING PHARMACY
- VERY CLEAN & NEAT

PHARMACIST SIGNATURE

X [Signature]

INSPECTOR

[Signature]

NUMBER

Pass

Fail

INSPECTION

DATE

2/11/10

TIME

2.0

Commonwealth of Pennsylvania
 Department of State
 Bureau of Professional and Occupational Affairs
 PO Box 2649 Harrisburg PA 17105-2649

08 0984875

License Type
 Pharmacist



License Status
 Active

Initial License Date
 08/11/1990

WILLIAM MICHAEL SADOWSKI
 104 SCHORR DRIVE
 MCKEES ROCKS PA 15136

License Number

RP037655L

Expiration Date
 09/30/2010

Basil L. Mowla

Commissioner of Professional and Occupational Affairs

W. M. Sadowski
 Signature

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ANEWrx
Physical Address: 523 Parkway View Drive
Mailing Address: Same
City: Pittsburgh State: PA Zip Code: 15205
Telephone Number: (412)788-8908 Fax Number: (412)788-8948
Toll Free Number: (877)788-8908
E-mail: info@anewrx.com Website: www.anewrx.com
Managing Pharmacist: Robert F. Hahn License Number: RP029268L

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 10 am 2 pm
Sunday Closed am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: FEB 04 2010 Check Number: 871 Amount: 500.00

52984
1821

OWNERSHIP IS A PARTNERSHIP. All information relates to the person listed as partner Page 2, 3 and 4 must be completed by each partner.

Owner's Name: Richard Hvizdak

List all previous names: N/A

Social Security Number: 291-64-9559

Date of Birth: 5/21/1957

Place of Birth: City: Youngstown State: OH Country: USA

Citizenship: USA YES other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: 107 Bonita Drive

City: Ocean Ridge State: FL Zip Code: 33435

Telephone Number: (561)271-9790 Fax Number: _____

Previous address (last 5 years): N/A

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: National Real Estate Information Systems

Current Business Address: 290 Bilmar Drive

City: Pittsburgh State: PA Zip Code: 15205

Telephone Number: (412) 808-1711 Fax Number: _____

Previous Employment: N/A

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Are you a registered pharmacist in Nevada? Yes or No License #: N/A

Professional qualifications if not a pharmacist: _____

CEO of ANEWrx, LP and National Real Estate Information Systems

OWNERSHIP IS A PARTNERSHIP

General _____ Limited ☒

Partnership Name: ANEWrx, LP

Mailing Address: 523 Parkway View Drive

City, State Zip Code: Pittsburgh, PA 15205

Telephone Number: (412)788-8908 Fax Number: (412)788-8948

Contact Person: Robert F. Hahn

OWNERSHIP IS A PARTNERSHIP. All information relates to the person listed as A partner Page 2, 3 and 4 must be completed by each partner.

Owner's Name: Maria L. Sadowski

List all previous names: Maria L. Wandrisco

Social Security Number: 181-66-8568

Date of Birth: 8/16/1968

Place of Birth: City: Pittsburgh State: PA Country: USA

Citizenship: USA YES other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: 104 Schorr Drive

City: McKees Rocks State: PA Zip Code: 15136

Telephone Number: (412) 859-8257 Fax Number: _____

Previous address (last 5 years): N/A

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: Mercy Hospital of Pittsburgh

Current Business Address: 1400 Locust Street

City: Pittsburgh State: PA Zip Code: 15219

Telephone Number: (800)232-5660 Fax Number: _____

Previous Employment: N/A

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Are you a registered pharmacist in Nevada? Yes or No License #: N/A

Professional qualifications if not a pharmacist: _____

Registered Nurse _____

OWNERSHIP IS A PARTNERSHIP General _____ Limited ☒

Partnership Name: ANEWrx, LP

Mailing Address: 523 Parkway View Drive

City, State Zip Code: Pittsburgh, PA 15205

Telephone Number: (412)788-8908 Fax Number: (412)788-8948

Contact Person: Robert F. Hahn

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
SEE ATTACHED		

Within the last five (5) years:

- 1) Have you 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) Have ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Have you 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) Have you 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 any 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.


Signature of partner

1/21/10
Date

Richard Hvizdak

Print or Type name

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
SEE ATTACHED		

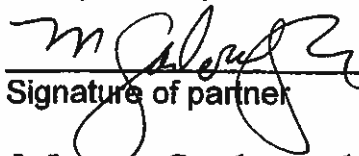
Within the last five (5) years:

- 1) Have you 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) Have ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Have you 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) Have you 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 any 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.



Signature of partner

Date

1/21/10

Maria Sadowski

Print or Type name

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

February 4, 2010

854
NEVADA STATE BOARD OF PHARMACY
431 W PLUMB LANE
RENO NV 89509

CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME:	ANEW RX
LICENSE TYPE:	Pharmacy
LICENSE NUMBER:	PP481694
ORIGINAL LICENSURE DATE:	02/20/2007
EXPIRATION DATE:	08/31/2011
STATUS:	Active

The license is in good standing and the records indicate no derogatory information.

Seal



Commissioner
Bureau of Professional and Occupational Affairs

Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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

New MDEG X Ownership Change _____ Name Change _____ Location Change _____
Please provide current license number if making changes: _____

FACILITY INFORMATION

Facility Name: CANN MEDICAL SUPPLY INC.
Physical Address: 2550 S. RAINBOW E-26, LAS VEGAS, NV, 89
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 113 ILY RIVER AVENUE, N. LAS VEGAS, NV, 8903
City: NORTH LAS VEGAS State: NV Zip Code: 89031
Telephone Number: 702-856-6032 Fax Number: 702-648-5157
E-mail: TOUNZZ@YAHOO.CO.UK Website: Cannmedicalsupply.com

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: 9 to 5pm Sat: 12pm to 4pm Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: CHRISTIANAH SUTTON
Address: 113 ILY RIVER AVENUE
City: N. LAS VEGAS State: NV Zip Code: 89031

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 type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

Board Use Only
Received MAY 10 2010 Check Number 1036 Amount 500.00

53751
673

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: CANN INVESTMENTS LLC
Corporation Name: CANN MEDICAL SUPPLY INC.
Mailing Address: 113 ICE RIVER AVENUE, N.LV,
City, State and Zip: NORTH LAS VEGAS, NV, 89031
Telephone Number: 702-856-6032 Fax Number: 702-648-5757
License Contact Person: CHRISTIANNA SUTTON
Professional Compliance Contact Person: QUEEN ANIEZE

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>CHRISTIANNA SUTTON</u>	<u>ADMINISTRATOR</u>
_____	_____

For any corporation non publicly traded, disclose the following:

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

a) <u>CHRISTIANNA SUTTON</u>	<u>113 ICE RIVER AVE, N.LV, NV 89</u>
Name	Address
b) <u>ANTHONY NWULI</u>	<u>113 ICE RIVER AVE. N.LV, 89031</u>
Name	Address
c) _____	_____
Name	Address
d) _____	_____
Name	Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 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 corporations stock register evidencing the above information.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

CHRISTIANAH SUTTON NEVADA
ANTHONY NWALL NEVADA CANN INVESTMENTS LLC

List all Medicare and Medicaid provider numbers registered to the business or its owner:

NIL

- 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 ☒ If yes, list the persons, their address and their business names

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☐ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

3) Are any of the owners health professionals? If yes, please list name.

___ Practitioner	Name: _____
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
___ Registered Nurse	Name: _____
___ Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.

Sutton
Signature of corporation officer

5/7/10
Date

Christianah Sutton Manager/Owner
Type name and title

PERSONAL HISTORY RECORD

Date 05/03/10

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, attach 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 provide 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 (MEDICAL SUPPLY)
CANN MEDICAL SUPPLY Nature of License 2550 S. RAINBOW E-20, LV, NV 891
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

SUTTON CHRISTIANAH OTADETI
Last Name First Name Middle Name

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

113 ILY RIVER AVENUE N. LAS VEGAS, NV, 89031
Present Residence Address-Street or RFD City State/Zip

MANAGER 2550 S. RAINBOW
Present Business Address City State/Zip

Occupation Dates Phone:

BIRMINGHAM, ENGLAND
Place of Birth (City, County, State)

33 F
Age Sex

BROWN BLACK DARK 178 ATHLETIC 5'11"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NIL

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No A095701670

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐
Applicant's initial CS

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
TERRIS SUTTON	05/9/07	08/19/04	CA DIVORCED	LAS VEGAS, CLARK, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
TERRIS SUTTON	18208	COLUMAN AVE.	KARSON	CA 90746	310 490

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial CS

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, parent in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
MICHAEL OYADEYI	09/16/79	10 HOBSON CLOSE WINSON GREEN, BM, UK	BANKER
Mother			
DORIS OLONIMOTO	04/18/59	10 HOBSON CLOSE WINSON, GREEN, BM UK	NURSE
Father-in-Law			

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Michael Oyadeyi		Peterborough UK	Nurse
Spouse			

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	ST. VINCENTS	BIRMINGHAM UK	88-89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	ST PAULS FOR GIRLS	BIRMINGHAM UK	89-94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	LONDON METROPOLITAN UNIVERSITY	LONDON, UK	98-2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B. SC SOCIOLOGY, B.A MARKETING HONOR

College or university where obtained LONDON METROPOLITAN UNIVERSITY, UK.

Applicant's initial CS

Page :

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 separate sheet. (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 and provide a written explanation. 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 ☒
- 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, please provide a written explanation.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Applicant's initial CS

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 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 and provide a written explanation. 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 and provide a written explanation.

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
NOV. 77-94	10 HOBSON CLOSE	WINSON GREEN	BIRMINGHAM B18
MARCH 94-2000	24 WESTDOWN, AVANDALE SQ	LONDON	SE15NF
2003-2006	13915 LEMOLI AVE #7	Hawthorne	CA 90250
FEB 2006 - FEB 2007	5452 AUTUMN CRUCIS CE	NLV	NV 89031
FEB 2007 - PRESENT	113 ICE RIVER AVE	N.LV	NV. 89031

Applicant's initial

CS

Page

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
Nov. 1997	CENTERPOINT N.K	WENT TO SCHOOL
CARE ASSISTANT	CARE & ASSISTANCE FOR THE ELDERLY	DORA MCHT

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2000 - July 2004	BRITISH PASSPORT OFFICE	MOVED TO AMERICA
PASSPORT OFFICE	PROCESSED PASSPORT APPLICATIONS	WENDY ADAM

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Nov-2004	ROBINSON, MAY TORRANCE, CA	BETTER JOB
SALES ASSOCIATE	CUSTOMER SERVICE SALES	RUBY ANDERSON

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
FEB. 2005	1040 MEDICAL 12905 HAWTHORNE CA 90250	BETTER PROSP
OFFICE ASSISTANT	In charge of Patients records	TAMARA MOTT

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Nov 2015 - Present	550 CAUSON PL LUTEMI MEDICAL INC. #125, CAUSON, CA 90746	
Community Liaison/Mgr	In charge of Los Vegas Market	Paul Vasquez

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
FEB 2008	PIZZAHUT, 3000 W. ANNE RD NLV	CURRENT
GENERAL MGR	RUNNING DECISIONS ONLY	KAREN CURET

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

If additional space is needed, please provide an attachment.

Applicant's initial CS

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 Regina Elizondo	Home 3418	Fishers	Indiana	46032		6 yrs
Employer Nurse Connect	Business	11				
Name Danielle Walton	Home 2848	King	Michael			
Employer Sunrise Hospital	Business	Omo-usigbe				
Name Chris Usigbe	Home 2408	Shadyhill	Ave.	89106		5 1/2
Employer Omo-usigbe Comp S's	Business	Computer Tech				
Name McDonald Akhigbe	Home 2848	King	Michael			6 yrs
Employer Mackhioya Exports	Business	Mackhioya Exp				
Name Candace Blount	Home 2118	Conchita	WV			5 yrs
Employer Hash House	Business	Restaurant				5 yrs

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes ☐ No ☒
- If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

CS

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 ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.....

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 ☒ If yes, please provide details and written explanation

AT
W



Date of photograph 04/23/10

Applicant's initial CS

Person who runs the facility on a daily basis

Date 06-21-2010

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 MEDICAL SUPPLY (DME) ADMINISTRATOR
Nature of MDEG
CANN MEDICAL SUPPLY INC. 2550. S. Rainbow E 26 LV NWS
Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

msr

1. PERSONAL INFORMATION:

Velazquez
Last Name

Maritza
First Name

Elizabeth
Middle Name

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

2118 Conchita St Las Vegas NV 89108
Present Residence Address-Street or RFD City State/Zip

2550 S. Rainbow May 2004 R-26 Las Vegas NV 89146
Present Business Address Dates City State/Zip

Office Mgr. Admin May 2010 - present
Present Position with the MDEG Dates

Phone: _____

Fax: 702-648-5757

Email address: marivel1213@yahoo.com

El Salvador
Place of Birth (City, County, State)

36
Age

F
Sex

Brown
Color of Eyes

Blk
Color of Hair

260
Weight

5'4
Height

Scars, tattoos or distinguishing marks and/or characteristics
None

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registrat _____

If naturalized, c _____

Date April 22 2005

Place Los Angeles (If naturalized, document must be verified.)
MVR

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.

May 2010 - Present	Cann Medical Supply	30+ hrs wk
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
office Mgr	Daily office Admin, helping start biz	Christiana Su
Title	Description of Duties	Name of Supervisor

4-19-08-5-7-10	Oceanic Med Supply	40 hrs wk
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
office Mgr	med. billing, medical verification, filling, ans. phones	Tony Nwade
Title	Description of Duties	Name of Supervisor

3-7-06-4-08	Sammy's Medical Supply	35 hrs wk
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
office Mgr	med. billing, answering phones, filling, Med var.	Sammy Eze
Title	Description of Duties	Name of Supervisor

2005-2006	1040 Medical Supply	30 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
office Asst.	Answering phones, Documentation, verification, filling	Tamara Motley
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

MVR

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:

b)

State: _____

Date: _____

Case Number: _____

c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐
- 5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐
- 6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

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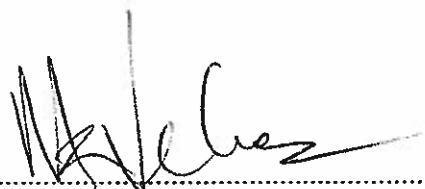
ATTACH
TAKEN
30



Date of photograph 06-21-10

I, Maritza Velazquez, 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.


.....
Signature of Applicant

Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

SOLE OWNER

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: DOLCRx

Physical Address: 601 South Rancho Dr Suite B17 Las Vegas NV 89106
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7211 FALVO AVE

City: LV State: NV Zip Code: 89131

Telephone Number: 702-683-1955 Fax Number: Not Connected yet

E-mail: SNAPLVE@aol.com Website: WWW.DOLCRX.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 12 PM Sat: By Appointment Sun: By Appointment Only Holidays: to Close on Holidays

FACILITY ADMINISTRATOR INFORMATION

Name: David Peightal

Address: PO Box 35668

City: Las Vegas State: NV Zip Code: 89133

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 checked="" type="checkbox"/> Diabetic Supplies | Other: <u> </u> |

Board Use Only
Received JUN 28 2010 Check Number 1001 Amount 500.00

54103
690

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

Owner's Name: Pham, Khanh Bao
List all previous names: N/A
Social Security Number: _____
Date of Birth: _____
Place of Birth: City: Saigon State: N/A Country: Viet Nam
Citizenship: USA ☒ other _____
If applicable, list Naturalization Number: _____ port Number: _____

Current residence address: 7211 Falvo Ave
City: Las Vegas State: NV Zip Code: 89131
Telephone Number: _____ Fax Number: _____
Previous address (last 5 years): Same as Above
Address: _____ City: _____ State: _____ Zip Code: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: DOLC RX
Current Business Address: 601 South Rancho Drive Suite B17
City: Las Vegas State: NV Zip Code: 89106
Telephone Number: not connected yet Fax Number: Not Connected

Previous Employment (last 5 years):
Name: Vons Address: 7530 W. Lake Mead
City: Las Vegas State: NV Zip Code: 89128
Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Not Available Yet

- 1) Do you 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 ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address
Business

b) _____
Name Address
Business

c) _____
Name Address
Business

d) _____
Name Address
Business

- 2) Have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) Vons 7530 W. Lake Mead Las Vegas NV 89128
Name Address
Retail Pharmacy

b) Vons 1601 W. Craig Rd N. Las Vegas NV 89032
Name Address
Retail Pharmacy

c) Savons Drug Store 2855 S. Nellis Las Vegas NV 89121
Name Address
Retail Pharmacy

Business

- 3) Are you are a health professional?

☐ Practitioner
☐ Advanced Practitioner of Nursing
☐ Physician's Assistant
☐ Physical Therapist
☐ Occupational Therapist
☐ Registered Nurse
☐ Respiratory Therapist
☒ Registered Pharmacist

Within the last five (5) years:

- 4) Have you ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Have you ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Have you, 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 ☒
- 8) Have you 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 any question 4 through 8 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 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.

Khanh Pham
Signature of owner

06/23/2010
Date

Pham, Khanh Bao

Type name

-PERSONAL HISTORY RECORD

Date 06/23/2010

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, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy License

DOLC RX 601 S. Rancho Dr Suite B17 Las Vegas, NV 89106
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>Pham</u>	<u>Khanh</u>	<u>Bao</u>			
Last Name	First Name	Middle Name			
<u>N/A</u>					
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
<u>7211 Falvo Ave</u>	<u>Las Vegas</u>	<u>NV 89131</u>			
Present Residence Address-Street or RFD	City	State/Zip			
<u>601 South Rancho Drive #B17</u>	<u>Las Vegas</u>	<u>NV 89106</u>			
Present Business Address	<u>August 09, 2010</u>				
<u>Fax</u> () not connected yet /	Dates				
Date of Birth	Place of Birth (City, County, State)				
	<u>Saigon, Viet Nam</u>				
Age	Social Security Number	Sex			
<u>49</u>		<u>Female</u>			
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
<u>Brown</u>	<u>Brown</u>	<u>Fair</u>	<u>117 lbs</u>	<u>Petite</u>	<u>5'2</u>

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 Chicago, Illinois (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial KCP

MARITAL INFORMATION-Continued

A. Current Marriage unmarried

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
Nguyen, Anh B	D168404	don't remember	Divorce	Las Vegas, Clark, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Nguyen, Anh B	23538 N. Chaps Dr	Florence	AZ	85132	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial KP

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Pham, Co Dang	11/7/1934	7100 Rhea Ave, Reseda, CA 91335	Retired
Mother			
Nguyen, Chau Bao	08/26/1932	7100 Rhea Ave, Reseda, CA 91335	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
Pham, Linh		1636 Teresa Ave Colton CA 92324	Registered Nurse
Spouse Lai, Jimmy		1636 Teresa Ave Colton CA 92324	Don't know
Pham, Chi		9951 Koa Lane, Elk Grove CA 95624	Business Owner
Spouse Nguyen, Hoang		9951 Koa Lane, Elk Grove, CA 95624	Business Owner
Pham, Phung		7100 Rhea Ave, Reseda, CA 91335	Teacher
Spouse Nguyen, Phuong		7100 Rhea Ave, Reseda, CA 91335	Computer Tech
Pham, Thinh		3898 Riverbend Terrace, Fremont, CA 94555	Engineer
Spouse Nguyen, Hang		3898 Riverbend Terrace, Fremont, CA 94555	Housewife

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Gia Long	Saigon	1972-1975	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Nguyen Du	Saigon	1976-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Drake University-College of Pharmacy	Des Moines, IA	1988-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	DePaul University- Medical Technology	Chicago, IL	1984-1988	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any BS, PharmacyCollege or university where obtained Drake UniversityApplicant's initial KP

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 separate sheet. (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 and provide a written explanation. 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 ☒
- 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, please provide a written explanation.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Applicant's initial KP 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 and provide a written explanation. 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 and provide a written explanation.

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
10/2001 to present	7211 Falvo Ave	Las Vegas	NV
05/1995 to 09/2001	9629 Town Gate Ave	Las Vegas	NV
01/1992 to 05/1995	??? Neptune Drive	Las Vegas	NV
05/1990 to 12/1991	??? Shawna Ave	Rancho Cucamonga	CA
08/1988 to 05/1990	??? University Ave	Des Moines	IA

Applicant's initial KP Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2001-present	Vons 1601 W. Craig Rd, N. Las Vegas, NV 89032	transfer to new location
Title	Description of Duties	Name of Supervisor
Diabetes Care Pharmacist	Teaching Diabetes classes & fill prescriptions	Chuck Doherty
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2004-present	USN-College of Pharmacy 11 Sunset Wy, HD, NV 89014	Still employed
Title	Description of Duties	Name of Supervisor
Assistant Professor of Pharmacy Practice-	Advance Clinical Diabetes Rotation	Darla Zarley-PharmD
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/1997- 09/2001	Savon Drug Store 2855 S. Nellis LV NV 89121	working for Vons
Title	Description of Duties	Name of Supervisor
Floater pharmacist/Diabetes Care Pharmacist-	Fill RX and teach Diabetes classes	Justin Wagner
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/1990-08/1997	Payless Drug Store on Charleston & Lamb	working for Savon Drug Store
Title	Description of Duties	Name of Supervisor
Pharmacy manager	Manage pharmacy	Joe Kellog
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1988-12/1989	Full time student at Drake University Des Moines, IA	Graduating
Title	Description of Duties	Name of Supervisor
Full time student		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1984- 05/1988	Student at DePaul University, Chicago, IL	Going to Drake University
Title	Description of Duties	Name of Supervisor
Full time student		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1982-07/1984	Harris Truman College, Chicago, IL	Transfer to Depaul University
Title	Description of Duties	Name of Supervisor
Full time student		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/1981- 07/1982	North Harris County College, Houston, TX	Moving to Chicago
Title	Description of Duties	Name of Supervisor
Full time student		
07/1979-12/1980	Unemployed in Viet Nam due to Political reasons	Escape to find Freedom in the USA
If additional space is needed, please provide an attachment.		
05/1976-06/1979	Nguyen Du High School, Saigon, Viet Nam	Graduating

Applicant's initial KP Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Joe Kellog	Home	271 Calle Palacio	Henderson NV	89012	() 32	17 years
Employer Smith Food & Drug	Business	4840 W. Desert Inn	LV NV		()	
Name Dave Peightal	Home	1000 Alan Shepard St	LV NV	89145	()	8 years
Employer Bobcat of Las Vegas	Business	2900 Losee Rd N.	LV NV	89032		0
Name Linda MacMillan	Home	2833 Michael Way	LV NV	89108	()	
Employer CVS Pharmacy	Business	2935 S. Hollywood Blvd	LV NV	89122		11 years
Name Raylene Earney	Home	400 Shadow Lane	LV NV	89106		
Employer Southern NV Health District	Business	Chronic Disease Prevention Division			()	6 years
Name Pauline Nguyen	Home	417 Sonoma Valley	LV NV	89144	()	12 years
Employer Food 4 Less	Business	Floater Pharmacist			()	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

VP

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 ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.....

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 ☒ If yes, please provide details and written explanation

A1

W



Date of photograph 06-15-2010

Applicant's initial ICP

Page

STATE OF Nevada

SS.

COUNTY OF Clark

I, Khanh Bao Pham, 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 license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (1) 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 current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

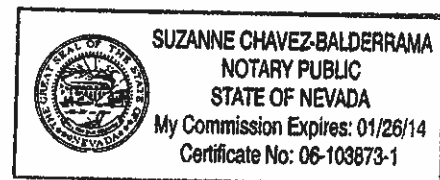
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors or shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

Khanh Bao Pham
Signature of Applicant

Subscribed and Sworn to before me this 23 day of

June, 2010
Suzanne Chavez-Balderrama
Notary Public

(seal)



Applicant's initial KP Page

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NON PUBLICLY TRADED CORPORATION

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.

54070
687

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Arizona
Parent Company if any: N/A
Corporation Name: Ken Kobs & Associates, Inc.
Mailing Address: 5017 E. Washington Street, #101
City, State and Zip: Phoenix, AZ 85034
Telephone Number: 702-397-2525 ⁶⁰²⁻⁴³⁷⁻⁴⁴⁴³ Fax Number: 702-597-2524 ⁶⁰²⁻⁴³⁷⁻⁴⁴⁴³
License Contact Person: Ken Kobs
Professional Compliance Contact Person: Ken Kobs

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

Officer or director name

Officer or director title

Ken Kobs

Owner

For any corporation non publicly traded, disclose the following:

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

a) Ken Kobs, 5017 E. Washington Street, #101, Phoenix, AZ 85034

Name

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 100
- 3) What was the price paid per share? \$40
- 4) What date did the corporation actually receive the cash assets? 02/26/1998
- 5) Provide a copy of the corporations stock register evidencing the above information.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

List all Medicare and Medicaid WHOLESALER numbers registered to the business or its owner:

N/A

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a)	_____	_____
	Name	Address
	_____	_____
	Business	
b)	_____	_____
	Name	Address
	_____	_____
	Business	
c)	_____	_____
	Name	Address
	_____	_____
	Business	
d)	_____	_____
	Name	Address
	_____	_____
	Business	

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a)	_____	_____
	Name	Address
	_____	_____
	Business	
b)	_____	_____
	Name	Address
	_____	_____
	Business	
c)	_____	_____
	Name	Address
	_____	_____
	Business	

3) Are any of the owners health professionals? If yes, please list name. NYAA (N/C)

___ Practitioner	Name: _____
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
___ Registered Nurse	Name: _____
___ Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.

KATS KAS
Signature of corporation officer

6/16/10
Date

Ken Kobs, Owner

Type name and title

PERSONAL HISTORY RECORD

Date 6/16/10

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, attach 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 License

Nature of License
Ken Kobs & Associates, Inc. - 2565 Chandler Ave, #3, Las Vegas, NV 89120
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Kobs Ken
Last Name First Name Middle Name

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

4232 57th Way Phoenix AZ 85018
Present Residence Address-Street or RFD City State/Zip

5012 E. Washington St #101 Phoenix AZ 85034
Present Business Address City State/Zip

Sales Dates Phone:
Occupation

Park Ridge IL
Place of Birth (City, County, State)

42 M
Age Sex

Blue Brown White 190 Medium 5'8"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐
Applicant's initial

KJK

MARITAL INFORMATION-Continued

A. **Current Marriage** 7-22-95 Dearborn MI
 Date City, County and State
 Spouse's full name (Maiden) Sophia Eliades S.S. No. _____
 Date of Birth _____ Place of Birth Michigan
 Resident address 4232 N. 57th Way Apt A2 85018
 Street City State Zip
 Telephone: Residence () Business () N/A
 Spouse's employer N/A Occupation _____
 Address of employer _____
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below: (N/A)

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

B. **Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Initial KSK

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father James Kohs	Chicago IL	173 Cawdor Ln, Inverness IL 60066	Business Owner
Mother Nadine Kohs	Chicago IL	Same	N/A
Father-in-Law Nick Eliades	Ohio	60 E. Camelback Rd #146 Scottsdale AZ 85	Ford Motor Co, Michigan
Mother-in-Law Annie Eliades	Texas	Dallas	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
Karen Cooney (Kohs)		10514 Weaver Circle Geneva IL 60134	N/A
James Cooney		Same	Employee of GE Capital
Kathy Kohs Scala		143 Tower Place Palatine IL 60067	
Tony Scala (?)		Same	

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Hunting Ridge	Palatine IL	80-82	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Fremont HC	"	82-84	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College Miami University	Oxford OH	86-90	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____ BS Zoology

College or university where obtained _____ Miami

Applicant's initial _____ KTB

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 separate sheet. (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 and provide a written explanation. 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 ☒

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, please provide a written explanation.

Name	Relationship	Charge	Location	Date

Applicant's initial EJK
Page 4

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 David Ziegler	Home	Scottsdale	AZ		()	13
Employer Enactech		Business			()	
Name Gary Schenl	Home				()	20
Employer Ortho Align		Business			()	
Name Steve Adelson	Home				()	7
Employer Discovery Land		Business			()	
Name Joe Iturri	Home				()	
Employer W Hotel		Business			()	8
Name John Sabala	Home				()	8
Employer N/A		Business			7 ()	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county, 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.

KEN KOBBS + ASSOC, Inc., Phoenix, AZ - Medical Distr of Devices

KKA STOCKYARDS, LLC, Phoenix AZ, Business class 13.29

(see attached)

Applicant's Initial

KJK

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 ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation.

If yes to the above, state where, when and for what reason:

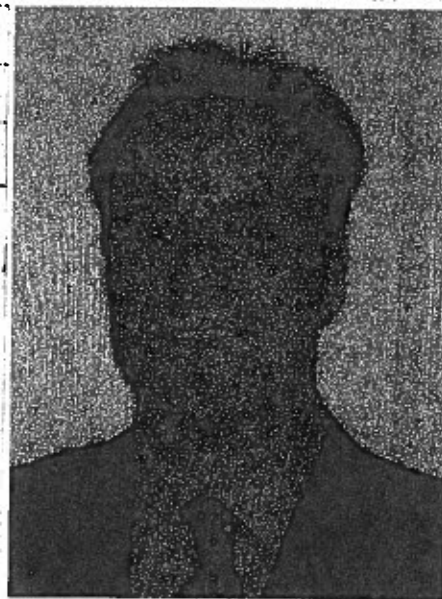
14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒ If yes, please provide details and a written explanation.

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 ☒ If yes, please provide details and a written explanation.

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.

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 ☒ If yes, please provide details and written explanation.



Date of photograph 6/10/10

Applicant's initial KSK

STATE OF Arizona ss.

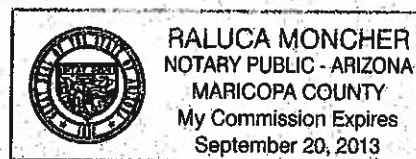
COUNTY OF Maricopa

I, Ken Koks 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 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 current Nevada Revised Statutes and Nevada Administrative Code 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 license in the State of Nevada.

KAT. KOKS
Signature of Applicant

Subscribed and Sworn to before me this 16th day of June 2010
Raluca Moncher
Notary Public



(seal)

Applicant's initial KSK
Page 9

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
Please provide current license number if making changes: _____

FACILITY INFORMATION

Facility Name: Otto Bock Orthopedic Services LLC.
Physical Address: 5330 CAMERON Unit #5 Las Vegas NV 89118-223
(This must be a business address, we can not issue a license to a home address)
Mailing Address: TWO CARLSON Parkway Suite 110 - AHN: CONTRACTS
City: Minneapolis State: MN Zip Code: 55447-4467
Telephone Number: 763-253-5699 Fax Number: 763-253-5799
E-mail: CONTRACTS@ottobock.com Website: N/A

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 * M-F ARE BY APPT ONLY
Fri: 8 to 5 Sat: 24HR to ONCALL Sun: 24HR to ONCALL Holidays: 24HR to ONCALL

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: KRISTOPHER FISHMAN SS#: 565-93-7524
Address: 5330 CAMERON Unit #5
City: LAS VEGAS State: NEVADA Zip Code: 89118-2235

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 type="checkbox"/> Diabetic Supplies | ✓ Other: <u>Durable medical Supplies</u> |

Board Use Only JUN 28 2010
Received _____ Check Number 4644 Amount 500.00

54154
692

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Minnesota
Parent Company if any: Otto Bock Healthcare No. America, Inc.
Corporation Name: Otto Bock Healthcare No. America, Inc
Mailing Address: Two Carlson Parkway Suite 100
City, State and Zip: Minneapolis, Minnesota 55447-4467
Telephone Number: 1-800-328-4058 Fax Number: 763-253-5799
License Contact Person: Sharon Clark (763-253-5699) or KATE HOGAN (763-253-5611)
Professional Compliance Contact Person: DAN SARRIA 480-281-2234

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>BEN DAVID</u>	<u>CEO</u>
<u>Kimberly HANSON</u>	<u>COO</u>
<u>Stephen CARR</u>	<u>SECRETARY / General Counsel</u>

For any corporation non publicly traded, disclose the following:

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

a)	Name	Address
b)	Name	Address
c)	Name	Address
d)	Name	Address

Handwritten: N/A for LHC. No Shareholders

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 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 corporations stock register evidencing the above information.
- Handwritten: N/A for LHC. No Shareholders*

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

OTTO BOLL HEALTHCARE NO AMERICA INC. - MINNESOTA.
ELBERT HARMANESQ, Scott Schneider, CMD & Stephen Carr, General Counsel

List all Medicare and Medicaid provider numbers registered to the business or its owner:

(See ATTACHED LIST for MEDICAID PROVIDER#.
MEDICARE PROVIDER # - 6337600001

- 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 ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address
Business
b) _____
Name Address
Business
c) _____
Name Address
Business
d) _____
Name Address
Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address
Business
b) _____
Name Address
Business
c) _____
Name Address
Business

3) Are any of the owners health professionals? If yes, please list name. *NO*

___ Practitioner	Name: _____
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
___ Registered Nurse	Name: _____
___ Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.

Kimberly Hanson
Signature of corporation officer

6/25/2010
Date

Kimberly HANSON COO
Type name and title

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

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

GENERAL INFORMATION

Facility Name: Green Valley Medical Supply

Physical Address: 1850 Whitney Mesa, #180

Mailing Address: (same as above)

City: Henderson State: NV Zip Code: 89014

Telephone Number: 7025642079 Fax Number: 7025648273

Toll Free Number: 8884336474

E-mail: glenn@greenvalleymed.com Website: www.greenvalleymed.com

Facility Manager: Scot Schumaker

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: JUN 28 2010 Check Number: 6090 Amount: 500.00

Page 1 - 2009

54104
1039

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Corporation Name: FVS Holdings Inc. d/b/a Green Valley med

Mailing Address: 1850 Whitney Mesa, #180

City: Henderson State: NV Zip: 89014

Telephone: 7025642079 Fax: 7025648273

License Contact Person: Glenn Truitt

Professional Compliance Contact Person: Glenn Truitt

Name and title of each officer and director (Use separate sheet if necessary)

Officer or director name

Officer or director title

Scot Silber - President / CEO

Glenn Truitt - Corporate Secretary

Nancy Silber - Treasurer

For any corporation non publicly traded, disclose the following:

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

a) Scot Silber 30 Chalet Hills Terrace Henderson, NV 89052
Name Address

b) Kenneth Hooks 2073 Dover Ridge Ct. Henderson, NV 89014
Name Address

c) Larry Preston 6570 E. Viewpoint Dr. Las Vegas, NV 89156
Name Address

d) Julie Gans 763 Ricota Ct. Henderson, NV 89012
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 800,000

- 3) What was the price paid per share? Obtained through conversion from LLC (please see Plan of Conversion attached)

- 4) What date did the corporation actually receive the cash assets? February 1, 2010

- 5) Provide a copy of the corporations stock register evidencing the above information see attached

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

N/A

- 6) Has the firm or any owner(s), shareholder(s) 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 ☒ If yes, list the persons, their address and their business names.

a) Green Valley Drugs 1850 Whitney Mesa, #150, Henderson, NV 89014 (Address change pending)

Name	Address
------	---------

Retail Pharmacy - PH01729	
---------------------------	--

Business	
----------	--

b) Nevada Drug Compounding Pharmacy East 3041 W Horizon Ridge Pkwy., Suite 100, Henderson NV, 89052

Name	Address
------	---------

Retail Pharmacy - PH01713	
---------------------------	--

Business	
----------	--

c) Kenneth Hooks - 2073 Dover Ridge CT, Henderson, NV 89074

Name	Address
------	---------

CEO - Energy Mechanical Insulation, Inc., 1850 Whitney Mesa, #140, Henderson, NV	
--	--

Business	
----------	--

d) Lawrence Preston - 6570 Viewpoint Drive, Las Vegas, NV 89156

Name	Address
------	---------

President - Professional Medical Consultants, Inc., 801 S. Rancho Drive, Suite C-1, Las Vegas, NV	
---	--

Business	
----------	--

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) Scot Silber 1850 Whitney Mesa #180 Henderson Nevada 89014

Name	Address
------	---------

Green Valley Drugs	
--------------------	--

Business	
----------	--

b)

Name	Address
------	---------

Business	
----------	--

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 8 through 12 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

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



Signature of corporation officer

6/22/2010

Date

Glenn Truitt

Print or Type name and title

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
APPLICATION BY RECIPROCATATION AS A PHARMACIST

Total Fee: \$300.00 (non-refundable, money order or cashier's check only)

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

Complete Name (no abbreviations):

First: OBATARE Middle: _____ Last: AVWORO

Mailing Address: 12738 VILLAWOOD LANE

City: HOUSTON State: TX Zip Code: 77072

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: BENIN CITY, NIGERIA ☒ M ☐ F

E-mail Address: oavworo@hotmail.com

College of Pharmacy Information

Graduation Date: 12/17/2005
(mm/dd/yy)

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

Name of Pharmacy School: TEXAS SOUTHERN UNIVERSITY COLLEGE OF PHARMACY

Location of School: HOUSTON, TEXAS

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.

State which are licensed by exam: TEXAS

Other states where you are (or were) licensed as a pharmacist or print "none"

State	License #	Is the license active?	State	License #	Is the license active?
<u>TEXAS</u>	<u>44664</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>TEXAS</u>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Board Use Only

Received: FEB 01 2010 Check Number: MO Amount: 300.00
Date Law Book Mailed: 2/3 MPJE Approved: _____

52946
9803

- 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 an explanation and/or documents.

- a) Board Administrative Action and/or State: TEXAS Date: 8/2/2006 Case Number: ABO#L-06-009
- b) Criminal Action State: _____ Date: _____ Case Number: _____
- County: _____ Court: _____

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this form as part of all applications

I am ☐ I am not ☒ subject to a court order for the support of a child.

If you are subject to a court order for the support of a child, please mark the appropriate response.

I am ☐ I 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 owed pursuant to the order for the support of one or more children.

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

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

Shelene Arwono
SIGNATURE OF APPLICANT

01/23/2010
DATE



TEXAS STATE BOARD OF PHARMACY

W. Michael Brimberry, R.Ph., MBA
President
Austin

Kim A. Caldwell, R.Ph.
Vice President
Plano

W. Benjamin Fry, R.Ph.
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Roger W. Anderson, Dr.P.H., R.Ph.
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Juliette F. Bartlett-Pack, Ph.D.
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El Paso

Doyle E. High, R.Ph.
Austin

Marcelo Laijas, Jr.
Floresville

Oren M. Peacock, Jr., R.Ph.
Sachse

Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

August 22, 2006

Obatare Avworo
12738 Villawood Lane
Houston, Texas 77072

RE: In the Matter of Obatare Avworo

Dear Mr. Avworo:

Enclosed is a copy of Agreed Board Order (ABO) #L-06-009 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on August 2, 2006. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

GRANTING OF PHARMACIST LICENSE

As a result of the entry of this Order, your pharmacist license will be granted after you successfully complete the requirements of licensure as set forth in Section 558.051 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2005) and Chapter 283 of the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2005).

ADMINISTRATIVE PENALTY (FINE)

As a result of the entering of this Order, the pharmacist license issued to Obatare Avworo is fined an administrative penalty of \$1,000.00. **This administrative penalty is due on or before October 31, 2006.** Please make your check or money order payable to the "Texas State Board of Pharmacy" and submit to the TSBP office by the due date. Please include your ABO number (#L-06-009) on the check or money order.

PRECEPTOR RESTRICTION

You may not serve as a preceptor in Texas, as explained below. TSBP Rule 283.6(e) states, in part:

"No pharmacist may serve as a preceptor if his or her license to practice pharmacy has been the subject of an order of the board imposing any penalty set out in the Act, §565.051, during the period he or she is serving as a preceptor or within the three-year period immediately preceding application for approval as a preceptor."

Obatare Avworo
August 22, 2006
Page 2

Accordingly, you may not serve as a preceptor until three years after the termination of all sanctions. Please note that TSBP Rule 283.6(e) also allows you to petition TSBP in writing for approval to act as a preceptor. However, until such petition is granted, you may not serve as a preceptor beginning August 2, 2006, and ending October 31, 2009.

RENEWAL APPLICATIONS

Prior to the next expiration date of your pharmacist license, you will receive a license renewal application to complete and to return to the Texas State Board of Pharmacy. This application will require you to answer the question:

"Have you been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #L-06-009, you must answer "yes" to this question for 36 months from the termination of all sanctions. Consequently, you must answer "yes" to this question on any renewal applications submitted beginning August 2, 2006, and ending October 31, 2009.

If you have any questions about this Order, please contact me at 512-305-8039.

Sincerely,

A handwritten signature in cursive script that reads "Carol Fisher" followed by a stylized initial "lf".

Carol Fisher, R.Ph., M.P.A.
Director of Enforcement

CF:nt

Enclosure: Agreed Board Order #L-06-009

s:\nt\abocov\avworo.cov

AGREED BOARD ORDER #L-06-009

RE: IN THE MATTER OF
OBATARE AVWORO
(APPLICANT FOR PHARMACIST
LICENSURE BY EXAMINATION)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of the Application for Pharmacist Licensure by Examination submitted by Obatare Avworo.

By letter dated May 23, 2006, the Texas State Board of Pharmacy gave preliminary notice to Obatare Avworo of its intent to consider denial of the Application for Pharmacist Licensure by Examination of Obatare Avworo. This action was taken as a result of information received by the Board which produced evidence indicating that Obatare Avworo may have violated:

Section 565.001(a)(1), (2), (5), and (6)(A)(i) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2005); and

Section 281.7(a)(21) and Section 281.7(c) of the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2005), in that, allegedly:

COUNTS

- (1) On or about November 19, 1996, in Cause No. 9645565, in the County Criminal Court at Law No. 7, Harris County, Texas, Obatare Avworo received deferred adjudication based on his plea of guilty for the misdemeanor offense of Theft. The trial court placed Mr. Avworo on one-year probation and ordered him to pay a fine in the amount of \$250.
- (2) On or about November 12, 1998, in Cause No. 703997, in the County Court at Law No. 2, Bexar County, Texas, Obatare Avworo received deferred adjudication based on his plea of guilty for the misdemeanor offense of Theft. The trial court placed Mr. Avworo on six-months probation and ordered him to pay a fine in the amount of \$100.
- (3) On or about August 29, 2005, in Cause No. 1303873, in the County Criminal Court at Law No. 8, Harris County, Texas, Obatare Avworo received deferred

adjudication based on his plea of guilty for the misdemeanor offense of Tampering with a Government Record. The trial court placed Mr. Avworo on nine-months probation and ordered him to pay a fine in the amount of \$2000.

- (4) On or about January 26, 2004, Obatare Avworo submitted a fraudulent application for registration as a student pharmacist-intern to the Texas State Board of Pharmacy. On the application, Mr. Avworo falsely indicated that he had not received deferred adjudication for a misdemeanor or been subject to a court-ordered probation, when, as described above in Counts (1) and (2) above, he received deferred adjudication and was placed on probation by the Court for three offenses.

On a subsequent Application for Pharmacist Licensure by Examination dated December 26, 2005, Mr. Avworo disclosed that he had received deferred adjudication and been subject to a court-ordered probation on three separate occasions, which was inconsistent from his prior Application for Registration as a Student Pharmacist-Intern.

An informal conference was held in the office of the Texas State Board of Pharmacy on July 11, 2006, with Obatare Avworo, R.Ph., and John-Baptist A. Sekumade, Legal Counsel for Obatare Avworo, in attendance. The informal conference was heard by a Board panel comprised of: Rosemary Forester Combs, Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Allison Benz, R.Ph., Director of Professional Services; with Kerstin E. Arnold, General Counsel. Also in attendance were: Julie C. Hildebrand, Litigation Counsel, and Joe Lewis, Chief Investigator.

By his appearance at the informal conference and by his signature on this Order, Obatare Avworo agrees that the Texas State Board of Pharmacy has jurisdiction in this matter, and hereby waives his right to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

After discussion of the matters previously outlined in this Order, and subsequent communications, Obatare Avworo agreed to the entry of an Order disposing of the need for further disciplinary action in this matter. By his signature on this Order, Obatare

Avworo neither admits nor denies the truth of the matters previously set out in this Order with respect to the above alleged violations.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Obatare Avworo understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

At the conclusion of the aforementioned conference, and subsequent communications, it was agreed among the parties that Obatare Avworo shall comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that Obatare Avworo (hereinafter referred to as "Applicant") shall be granted a Texas pharmacist license after he successfully completes the requirements of licensure as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2005) and the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2006).

It is further ORDERED that Applicant shall pay an administrative penalty of one thousand dollars (\$1,000.00) due ninety (90) days after the entry of this Order.

Agreed Board Order #L-06-009

Obatare Avworo

Page 4

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacist license held by Applicant.

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

☒ **New Application** ☐ **Change of Pharmacy** ☐ **Additional Pharmacy** (Please check one)
Complete Name (no abbreviations):
First: Crystal Middle: Anne Last: Gebhart
Home Address: 4975 Duneville St. Apt #: 302
City: Las Vegas State: NV Zip Code: 89118
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Artesia, Cal. Sex: M or (F) ☒
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: High Tech Institute Store #: _____
Address: 2320 S. Rancho DR
City: Las Vegas State: Nevada Zip Code: 89102
Signature of Managing Pharmacist: [Signature] Lic #: 170418 Date: 11/15/10

(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)
3) 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.
4) I have ☒ I have not ☐ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have ☐ I have not ☒ had a professional 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 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action and/or State: _____ Date: _____ Case #: _____
b) Criminal Action State: NV Date: 11-22-09 Case #: 09-009560
County: Clark Court: Henderson Justice 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.

I am ☐ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am ☐ I 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 owed pursuant to the order for the support of one or more children.

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.

Signature: [Signature] Date: 1-8-10

Board Use Only
Received: JAN 23 2010 Check Number: 263 Amount: 40 -

52874/75

I just would like to let you know about this ticket wick I go to court on Feb. 24 2010 to make sure everything is ok.

Because me & my friend had went to the park & the cops found parapherelia in my bag that she had in my car that I didn't know about, and she had lied to them, I didn't want to see her get her kid taking away.

So ~~the~~ right now she's paying it off for me because I didn't want to pay for something I didn't do.

As far as I'm concerned when she gets done paying it off. Everything should be done & I won't have nothing to do, or no trouble.

I really hope this doesn't mess me up, I came way to far.

Crystal Schmitt

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

☒ **New Application** ☐ **Change of Pharmacy** ☐ **Additional Pharmacy** (Please check one)
Complete Name (no abbreviations):

First: Jessica Middle: Ann Last: Rohnke
Home Address: 190 E. Silverado Ranch Blvd. Apt #: 202
City: Las Vegas State: NV Zip Code: 89183
Social Security Number: _____
Place of Birth: Scottsbluff, Nebraska Sex: M or F ☒

E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Pima Medical Institute Store #: NA
Address: 3333 E. Flamingo Rd.
City: Las Vegas State: NV Zip Code: 89121
Signature of Managing Pharmacist: Steve L. Fearn, CPhT. Lic #: PT00139 Date: 6/2/10

(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)
3) 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.
4) I have ☒ I have not ☐ been charged, arrested or convicted of a misdemeanor ☒ or felony ☐
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have ☐ I have not ☒ had a professional 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 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case #: _____
and/or
b) Criminal Action State: NE Date: 04/23/2009 Case #: _____
County: Scotts Bluff Court: _____ County

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ☐ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am ☐ I 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 owed pursuant to the order for the support of one or more children.

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.

Jessica Rohnke Date: 06/03/2010
Signature Date

Board Use Only
Received: JUN 16 2010 Check Number: MO Amount: 40.00

54017
8350

To Whom It May Concern:

This letter is to explain the circumstances surrounding my (misdemeanor/felony) DUI, I received on March 19, 2009.

Since making this bad decision, I have learned that what could have cost me my life or the life of someone else is not driving under the influence. I received a fine of \$500 dollars, six months probation, and revocation of my license for three months. I was also required to attend a substance abuse class and defensive driving class to obtain a drivers license again. I successfully completed all requirements needed and was released from probation early. By experiencing this, it has made me aware that by making one bad decision can change your whole life and how everyone looks at you. I have learned my lesson and will always think twice. Since then, I have not received any citations of any kind.

I wish to thank you for taking the time to read this letter and review my application.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rohnke". The signature is written in black ink and is positioned above the printed name.

Jessica Rohnke

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

☒ New Application ☐ Change of Pharmacy ☐ Additional Pharmacy (Please check one)

Complete Name (no abbreviations):

First: GENARO SG Middle: STEVEN Last: SICILIANO

Home Address: 4110 ROYALHILL AVE. Apt #: _____

City: LAS VEGAS State: NV Zip Code: 89121

Tele: _____ Social Security Number: _____

City: BROOKLYN, NYC Sex: ☒ M or F

E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: FMA MEDICAL INSTITUTE Store #: N/A

Address: 3333 E. FLAMINGO RD

City: LAS VEGAS State: NV Zip Code: 89121

Signature of Managing Pharmacist: Steve L. Green, CPhT Lic #: PT00139 Date: 11/23/09

(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)
3) 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.
I have ☒ I have not ☒ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐
5) I have _____ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have _____ I have not ☒ had a professional 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 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action and/or State: _____ Date: _____ Case #: _____
b) Criminal Action State: NEVADA Date: 10/25/09 Case #: _____
County: CLARK Court: CLARK COUNTY

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am _____ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am _____ I 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 owed pursuant to the order for the support of one or more children.

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.

Signature

Date

11/13/09

and Use Only

Received: _____ Check Number: MO Amount: 40.00

52573
7345

Genaro Siciliano

**4110 Royalhill Ave. Las Vegas. NV
89121**

To: The Nevada State Board of Pharmacy

My name is Genaro Siciliano and I would like to explain my situation concerning my arrest on October 25th 2009. The morning of, my fiancé and I had a minor dispute regarding some issues we were trying to work out. We exchanged words that were less than appropriate wherein she left to a friend's house. My fiancé's friend, after hearing that her and I got into a verbal fight, called the police and was asked if there were any weapons in the house. Her friend then told the police that I had a shotgun in the house. While in miscommunication the police showed up at my house while I was sitting in my front lawn with weapons pointed at me. I then stood up and asked the officers what was going on and why they were there. They advised me they got a call about domestic disturbance involving a shotgun and asked me where my shotgun was located. I informed the police my shotgun was locked inside my house unloaded. They then asked me to step off of my property and I asked if they had a search warrant. They informed me they did not have a search warrant and immediately responded with get off your property. I confessed to the police officers that I don't have a record and am in the military and I can speak to them from my yard in a calm and collected voice. One of the officers then yelled out, "You're Obstructing Justice! Get on the floor and put your hands on your head." I immediately complied and was arrested for obstructing justice and not stepping off my property when asked to by police. My court date is on December 2nd 2009 and I have not been convicted of a crime. The crime is a misdemeanor and I am going to be working with an attorney after my Pre-Trial on December 2nd. It would be nice to know that this letter is taken into consideration when being reviewed for my Pharmacy Technician State License and thank you for taking the time to read this.

Thank You,

A handwritten signature in black ink, appearing to read 'Genaro Siciliano', with a stylized, flowing script.

Mr. Genaro Siciliano



June 28, 2010

Nevada Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509
Attn: Candy Nally

Re: Response to Out of State Wholesaler License application
Boca Pharmacal, Inc.

Dear Miss Nally:

Enclosed please find a letter in response to the information that you have sent back to me at Boca Pharmacal, inc. regarding our application for our Out of State Wholesaler's License.

I am also enclosing a list of all the States and License's that Boca Pharmacal, Inc. currently holds.

Please advise if you need anything else regarding this matter.

Thank you very much in advance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nancyann Fiedler", is written over the typed name.

Nancyann Fiedler
Project Coordinator
Boca Pharmacal, Inc.
954-346-8810 x 2222
954-346-0786
nancy@bocapharmacal.com

JUN 30 2010

Local, State and Federal Licenses - Wholesaler and Controlled Substance (Boca Pharmacal)

State	Type of License	License Number	Expiration Date
Alabama	MFG/WHSE/DIST.	193171	12/31/2010
Alabama	Controlled Substance	193171	12/31/2010
Arkansas	Wholesale Distributor	WD03508	12/31/2010
Arizona	Wholesaler	1178	10/31/2010
Colorado	Wholesaler	7097	10/31/2010
Delaware	Wholesaler	A4-0001490	9/30/2010
Delaware	Controlled Substance	DSO777	6/30/2011
Florida	City of Coral Springs Occupational	Business Tax# 08-00052483	9/30/2010
Florida	Fire Inspection	07-00052483	12/31/2010
Florida	Prescription Drug Wholesaler Rx	22 1018	2/28/2011
Florida	Prescription Drug Manufacturer	20 223	5/31/2012
Florida	Distributor - DEA	RB0295039	7/31/2011
Florida	Exporter - DEA	RB0329652	7/31/2011
Florida	Importer - DEA	RB0329640	7/31/2011
Georgia	Wholesaler	PHWH002694	6/30/2011
Illinois	Wholesaler	004.001507	12/31/2010
Kentucky	Wholesaler/Manufacturer	W01943	9/30/2010
Louisiana	Wholesaler	5172	12/31/2010
Maryland	Distributor	D01900	12/31/2010
Maryland	Controlled Substance	017398	10/31/2011
Michigan	Manufacturer/Wholesale	5306002808	6/30/2011
Michigan	Controlled Substance	5315039005	6/30/2011
Minnesota	Wholesale Distributor	362373	5/31/2011
Missouri	Distributor	2001029499	10/31/2011
New York	Wholesaler	027704	12/31/2011
New York	Controlled Substance	02A0674	9/30/2011
North Carolina	Manufacturer Prescription Drug	514	12/31/2010
Ohio	Wholesaler / Distributor	WDIS 011330150-03	6/30/2011
Ohio	Controlled Substance	WCSW . 2141	6/30/2011
Oklahoma	Wholesaler	88-W-2015	6/30/2011
Oregon	Wholesaler	W1-0003368-CS	9/30/2010
Pennsylvania	Wholesaler / Distributor	8000001828	4/30/2011
Pennsylvania	Rx Distributor	3000008137	4/30/2011



June 22, 2010

Candy Nally
Nevada Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

Dear Miss Nally,

In response to your letter dated June 15, 2010, Boca Pharmacal, Inc ("Boca") would like to explain the discrepancies with regard to the Final Order (Case No.: 2008-01080) dated December 23, 2008. On December 13, 2007, Boca underwent a routine inspection from the Florida Department of Health. As part of the inspection observations, Boca was found using an unlicensed repacker, Legacy Packaging, to repack one of Boca's drug products. As a result, Legacy was not properly passing pedigrees (form DH 2135), nor was Boca appropriately receiving or authenticating pedigrees as per Florida Statute F.S 499.0121(6)(d)2. The issue was immediately resolved as Boca ceased repackaging operations at Legacy Packaging until a license was granted. As part of the settlement agreement, a fine of \$1000.00 was paid to the Florida Department of Health. No further action was taken.

If you have any questions, or need any additional information, please contact the undersigned at your earliest convenience.

Best Regards,

A handwritten signature in blue ink that reads "Anthony La Viola". The signature is fluid and cursive, with the first name "Anthony" and last name "La Viola" clearly distinguishable.

Anthony La Viola, RAC
Associate, Regulatory Affairs
anthony@bocapharmacal.com

Boca Pharmacal, Inc.
3550 NW 126th Ave
Coral Springs, FL 33065
Toll Free: 1-800-354-8460 ext. 2224
Fax: (954) 346-0786

enclosure

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Baca Pharmaceutical, Inc
Physical Address: 3550 NW 126 Ave
Mailing Address: 3550 NW 126 Ave
City: Coral Springs State: FL Zip Code: 33065
Telephone Number: 954 346 8810 Fax Number: 954 346 0786
Toll Free Number: 800-354-8460
E-mail: Nancy@bacapharmaceutical.com Website: www.bacapharmaceutical.com
Facility Manager: Alan Z. Kei - Operations Manager
Professional qualifications and experience of facility manager: Operations Manager
for over 12 years

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 12 2010 Check Number: 228 Amount: 500 -

Page 1 - 2010

241

45 -

53772
1015

OWNERSHIP IS A CORPORATION

State of Incorporation: Florida
Parent Company if any: _____
Corporation Name: Boca Pharmacal, Inc
Mailing Address: 3550 NW 126 Ave
City: Coral Springs State: FL Zip: 33065
Telephone: 954 346 8810 Fax: 954 346 0786
License Contact Person: Nancy Fiedler
Professional Compliance Contact Person: Fun L. Chu, Ph.D. Y.P. Regulatory Affairs

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

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

- | | |
|---------------------------------|----------------|
| 1. <u>Robert J. Edwards, Jr</u> | %: <u>33.3</u> |
| 2. <u>mark B. Kraemer</u> | %: <u>33.3</u> |
| 3. <u>Steven I. Weston</u> | %: <u>33.3</u> |
| 4. _____ | %: _____ |

we are not publicly traded.

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____
Registration number issued: _____
Stock Exchange: _____

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

- 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 ☒ If yes, list the persons, their address and their business name

a) _____
Name Address
Business

b) _____
Name Address
Business

c) _____
Name Address
Business

d) _____
Name Address
Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were sold, dispensed or distributed? Yes ☐ No ☒ If yes, list the persons, their address and their business name

a) _____
Name Address
Business

b) _____
Name Address
Business

c) _____
Name Address
Business

d) _____
Name Address
Business

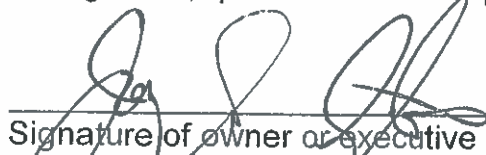
Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☐
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

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


Signature of owner or executive officer

5/4/10
Date

Joseph T. Anzalone President
Print or Type name and title



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

FLORIDA LICENSURE VERIFICATION

Nevada Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

April 15, 2010

RE: Boca Pharmacal, Inc.

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Prescription Drug Wholesaler
LICENSE NUMBER:	221018
ORIGINAL CERTIFICATION:	08/28/1998
EXPIRATION DATE:	02/28/2011
CURRENT STATUS OF LICENSE:	Clear,
AGENCY ACTION:	Yes
LICENSE GRANTED BY:	
OTHER CERTIFICATIONS:	Secondary Wholesaler 3/23/2009
OTHER COMMENTS:	

To expedite the verification process, the above format is the standard format prepared for all Health Care Practitioners. **The information above is the only verification document provided by this Agency.**

Jessica Craft
Certification Specialist
245-4191 ext. 3773



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Final Order No. DOH-08-3136-
FILED DATE - 12-31-08
Department of Health
By: Rachelle B.
Deputy Agency Clerk

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2008-01080

vs.

BOCA PHARMACAL, INC.,

Respondent.

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on November 21, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about December 1, 2008, and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 23 day of December 2008, in Tallahassee, Leon County, Florida.

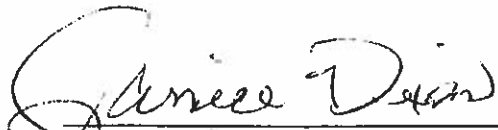
ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By:

Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Boca Pharmacal, Inc., 3550 NW 126th Ave, Coral Springs, FL 33065**, this 24 day of December, 2008.


Deputy Clerk

cc: Jennifer Condon, DOH 4052 Bald Cypress Way, Bin #A-02 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT

Boca Pharmacal, Inc

Case No: 2008-01080

Pursuant to S. 120.57(4), Florida Statutes, the above named party hereby enters into this stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

- 1) Boca Pharmacal, Inc, neither admits nor denies the alleged violations in the Notice of Violation.
- 2) During the time the alleged violations occurred, Boca Pharmacal, Inc was permitted as a Prescription Drug Wholesaler within the state of Florida.
- 3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes and Chapter 499, Florida Statutes.

CONCLUSIONS OF LAW

- 4) Boca Pharmacal, Inc, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes, and the jurisdiction of the Department.
- 5) Boca Pharmacal, Inc, admits that the findings set forth in the Notice of Violation, if proven, would constitute a violation of Chapter 499, Florida Statutes.

SETTLEMENT

- 6) Boca Pharmacal, Inc, agrees to pay a fine of ONE THOUSAND DOLLARS (\$1,000.00), and acknowledges that the total payment is enclosed with this agreement.
- 7) Boca Pharmacal, Inc, affirms the violations cited in the Notice of Violation letter issued under this case number have been corrected.



- 8) Boca Pharmacal, Inc, affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.
- 9) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.
- 10) Boca Pharmacal, Inc, expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.
- 11) Boca Pharmacal, Inc, waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

Corporate Seal:

By:


President (or authorized agent)

12/1/07
Date

Attested by:


Corporate Secretary

12-1-08
Date

[Note this line only applies if the respondent is a corporation.]

Blank

1800 W. Charleston Blvd.
Las Vegas, NV 89102
(702) 383-2000



Kathleen Silver
Chief Executive Officer

May 12, 2010

Dear Board Members,

University Medical Center of Southern Nevada is the provider of health care services including prescription medications for indigent, underserved populations in Southern Nevada. Lied Ambulatory Clinic is the primary pharmacy location to provide medications to this population. The majority of the prescription workload at the Lied Ambulatory Clinic Pharmacy is refill prescriptions. The pharmacy is open only during clinic hours of Monday-Friday, 7:30a.m.-5p.m. Closed on Holidays.

UMC is desirous to utilize ScriptCenter (information attached) to assist in the delivery of refill prescriptions. ScriptCenter would provide for an improvement in customer service reducing patient wait times to obtain their refilled medications. Because of the use of bar coding and computer interfaces between our current ScriptPro system and ScriptCenter, ScriptCenter can provide for a safe delivery of the medications to the intended patient. While patients will still have an opportunity to consult with a pharmacist, many patients have been on the same medications for years and interacting with a pharmacist does not provide value to them on a monthly basis.

When the current regulation was reviewed, it requires placing the back portion of the device physically within the pharmacy so that it can only be stocked from the rear. Lied Clinic Pharmacy does not have enough exterior wall to meet this requirement. In addition, many of our patients have multiple medications requiring larger sized dram vials that need a larger delivery system of lockers. ScriptCenter can meet this need, but the lockers are filled from the front.

Lied Ambulatory Clinic Pharmacy is located on the first floor of the clinic building and has a separate, secured waiting area for the pharmacy. In addition, a security guard is permanently stationed at the entrance to the building with a full view of the pharmacy as the waiting area is enclosed in glass. The waiting room is entirely under the control of the pharmacy with only the pharmacists having security access to the doors of the waiting room. The area is controlled with alarms.

The only available space to place ScriptCenter in this facility is on a wall within the waiting area. This wall is always within view of the pharmacy staff working the 4 windows. The device would be filled during time periods that the waiting area is not accessible to the patients. Patients could only obtain their refill medications during hours that the pharmacy is open.

UMC and ScriptCenter would appreciate an opportunity to discuss pathways with the board in order to implement this service for our patients at your July Board Meeting in Las Vegas.

Thank you for your consideration of this request.

Respectfully,

A handwritten signature in black ink that reads 'Diana L. Bond'.

Diana L. Bond, R.Ph
Director of Pharmaceutical Services

MAY 19 2010

Cc: Larry Pinson, Executive Secretary Nevada Board of Pharmacy
Mark Currie, Vice President of Sales, Asteres Inc.

Board of County Commissioners

Rory Reid, *Chair* • Chip Maxfield, *Vice Chair* • Susan Brager • Tom Collins • Chris Giunchigliani • Lawrence Weekly • Bruce Woodbury
Virginia Valentine, PE, *Clark County Manager*

ScriptCenter®

Express Prescription Pickup™

ScriptCenter Installations:

ScriptCenter was first installed in 2005 in California and since then has delivered more than 475,000 prescriptions to more than 30,000 patients at numerous retail, hospital, and military locations in multiple geographies without error.

What is ScriptCenter?

ScriptCenter is a secure automated finished prescription machine designed to quickly and conveniently allow patients to pick-up and pay for prescriptions already filled by pharmacists using an ATM-like concept. ScriptCenter is a pick-up service only.

ScriptCenter Benefits

ScriptCenter offers patients a combination of convenience, privacy and service allowing patients to pick up their prescriptions without waiting in line and even when the pharmacy is closed. ScriptCenter frees up pharmacists to spend more time with patients who need consultations or have questions about their healthcare.

Supporting Consultation

ScriptCenter offers a convenient alternative to the pharmacy counter, but unlike mail order, keeps patients coming to the pharmacy. If a patient should have a question regarding their prescription, ScriptCenter directs patients to the counter during pharmacy hours and offers a phone number to pharmacist assistance when the pharmacy is closed.

How It Works

1. Patients Enroll for the free service at ScriptCenter or ScriptCenter.com.
2. Patients order prescriptions as usual.
3. Pharmacy fills prescriptions as usual.
4. Pharmacy loads bar-coded prescriptions into ScriptCenter.
5. Patients Login to review their prescriptions to pickup, sign the electronic signature pad and swipe a payment card.
6. ScriptCenter locates, verifies and delivers prescriptions to patients in about a minute.

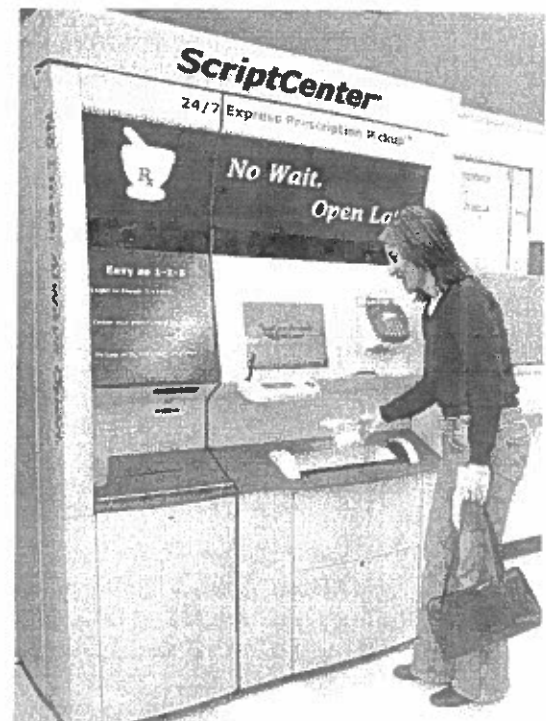
Safety First

The ScriptCenter process employs several important safety measures before, during and after prescriptions are delivered.

1. Prescriptions are filled by professional New Mexico licensed pharmacists, who then place finished prescriptions into ScriptCenter.
2. All finished prescriptions are linked to a container via bar-code that is unique to each prescription ensuring the right medication is being delivered to the right patient.
3. ScriptCenter collects and keeps on file, an electronic signature and photo of each person picking up a prescription.

Mark Currie, Vice President of Sales
mcurrie@asteres.com - 818-288-5830

Asteres and ScriptCenter are Registered Trademarks of Asteres Inc.





Nevada State Board of Pharmacy

Respectfully Submitted

4/15/2010



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CONFIDENTIAL

Agenda

Introduction

Pharmacy Benefit

Patient Safety & Security

Pharmacy Process

Convenience

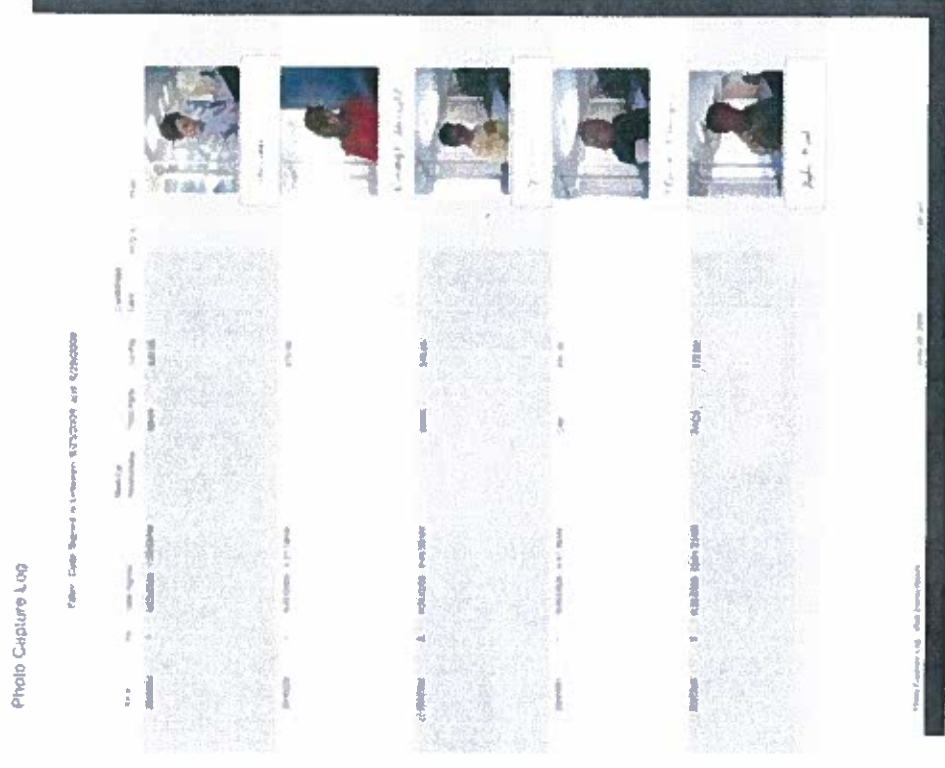
Experience

Questions?

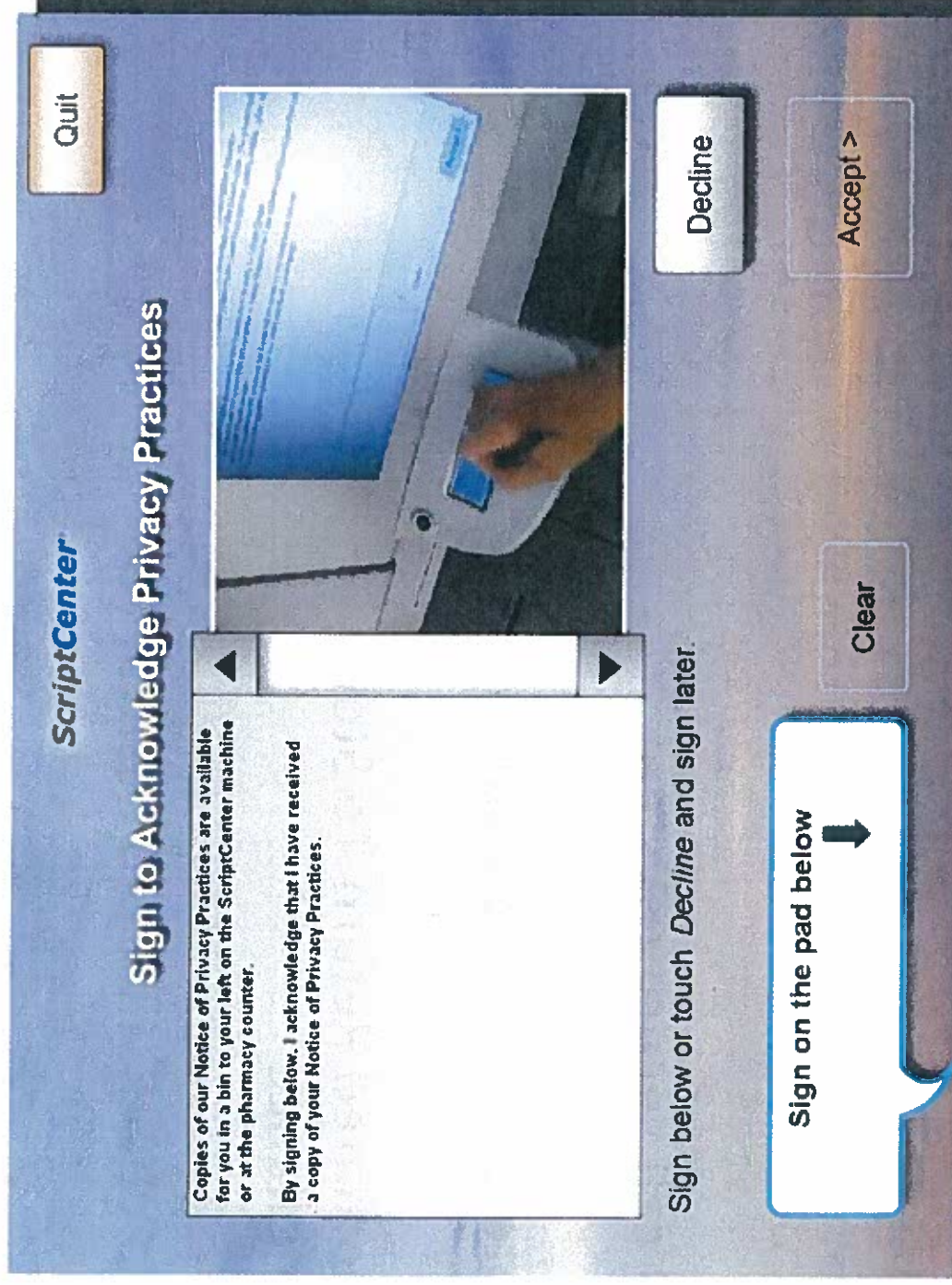
Benefits to Pharmacy

24/7 Automated Pharmacy Services™

- ▶ Will call security system
- ▶ Photo & signature audit trail
- ▶ Automated Return To Stock compliance
- ▶ Auto check-in from Central Fill
- ▶ Right Rx → Right Patient



ScriptCenter captures the signature electronically to recognize HIPAA requirements which can also be forwarded to a 3rd party (PBM) for claim adjudication if needed.



The image shows a digital screen for a 'ScriptCenter' privacy notice. At the top left is a 'Quit' button. The main heading is 'Sign to Acknowledge Privacy Practices'. Below this is a large text area with two paragraphs: 'Copies of our Notice of Privacy Practices are available for you in a bin to your left on the ScriptCenter machine or at the pharmacy counter.' and 'By signing below, I acknowledge that I have received a copy of your Notice of Privacy Practices.' To the right of the text is a signature pad showing a hand signing a document. Below the signature pad is a 'Decline' button. At the bottom right are 'Accept >' and 'Clear' buttons. A speech bubble points to the signature pad with the text 'Sign on the pad below' and an arrow. At the bottom center, it says 'Sign below or touch Decline and sign later.'

ScriptCenter

Sign to Acknowledge Privacy Practices

Copies of our Notice of Privacy Practices are available for you in a bin to your left on the ScriptCenter machine or at the pharmacy counter.

By signing below, I acknowledge that I have received a copy of your Notice of Privacy Practices.

Decline

Accept >

Clear

Sign below or touch *Decline* and sign later.

Sign on the pad below

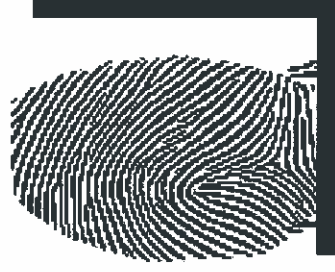
Quit

Safety & Security Features

- ▶ Rx tracking from fill to delivery
- ▶ Bar code assures patient/Rx match
- ▶ Automated return to stock
- ▶ Photo & signature audit trail
- ▶ Equipped with floor bolts and door locks
- ▶ Alarm interface



Rx 2500302 7/19/09 9:46:09AM \$10.00



Biometric
Staff Login
& Tracking



Barcode Rx
Tracking

ScriptCenter Fingerprint Login



ScriptCenter Pharmacy Process

Order

Fill

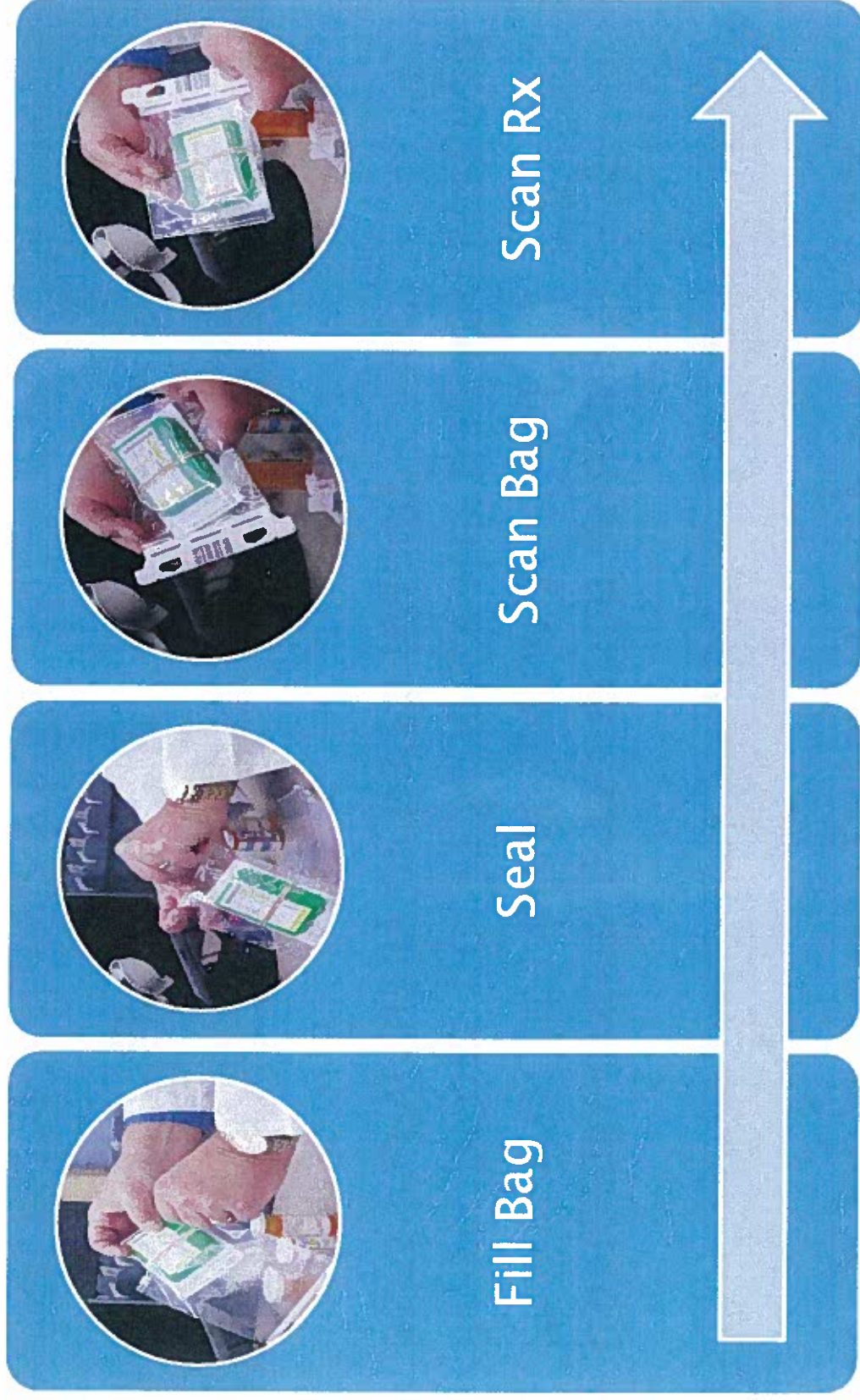
Bag

Load

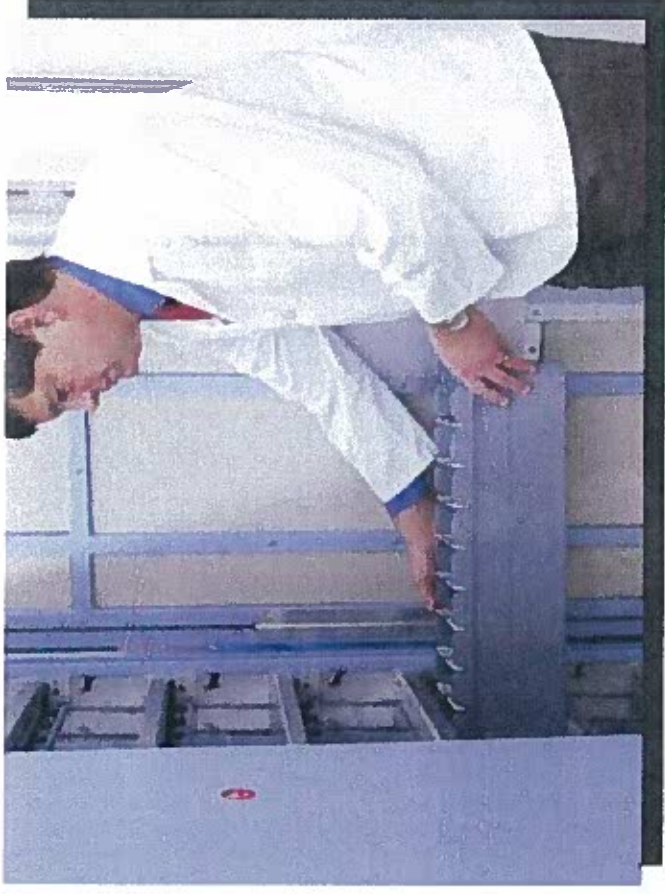
- ▶ Customer orders prescription as usual
- ▶ Pharmacist fills prescription as usual
- ▶ Prescriptions put in ScriptCenter bag and scanned
- ▶ Bags individually or batch loaded



Pharmacy Workflow Process

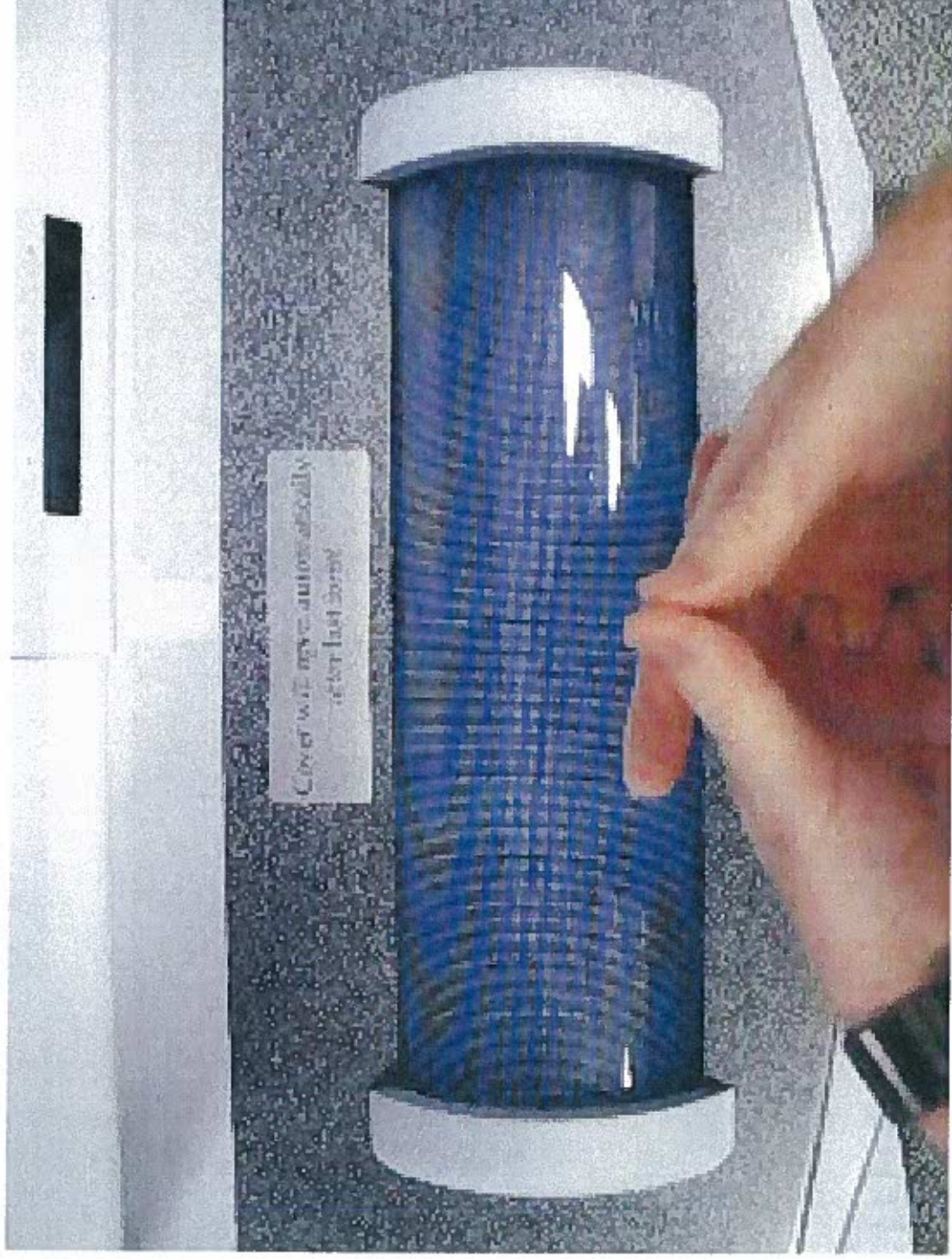


Pharmacy Workflow Process Cont.



Single or Batch load as desired

ScriptCenter Prescription Pickup



Patient Convenience

“Very few patients using APDS or the regular counter asked to speak to a pharmacist about their refill medications, although almost all patients believed that they could speak to a pharmacist if they had wanted to do so. Because the majority of patients agreed that their wait time was not long and that the overall prescription pick-up process was convenient, no perceived barriers to pharmacist access appear to exist; patients simply did not perceive the need to ask the pharmacist questions about their refill.”

“Patient request for pharmacist counseling and satisfaction: Automated prescription delivery system versus regular pick -up counter” JAPhA • 49 :1 • Jan / Fe b 2009 pgs. 73-78

-Jan D. Hirsch, Austin Oen, Suzie Robertson,
Nancy Nguyen, and Charles Daniels

ScriptCenter Installations



Military (Commissary)



Rite Aid



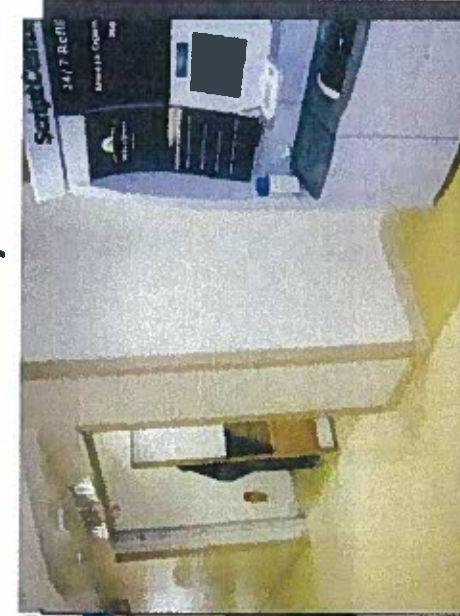
Military (BX)



Safeway



Ahold (Giant)



Hospital Outpatient

Experience



ScriptCenter has
successfully delivered over
450,000 prescriptions
without one delivery error!

Safety:



ScriptCenter has never
been accessed by
unauthorized persons or
had an attempted break-in.



Questions?

Thank You
Respectfully Submitted

Blank

PROPOSED 2011 BOARD MEETING DATES

January 12 & 13, 2011	Las Vegas
March 2 & 3, 2011	Reno
April 13 & 14, 2011	Las Vegas
June 1 & 2, 2011	Reno
July 13 & 14, 2011	Las Vegas
September 7 & 8, 2011	Reno
October 12 & 13, 2011	Las Vegas
December 7 & 8, 2011	Reno

Calendar for 2011

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S
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2 3 4 5 6 7 8	6 7 8 9 10 11 12	6 7 8 9 10 11 12	3 4 5 6 7 8 9	8 9 10 11 12 13 14	5 6 7 8 9 10 11
9 10 11 12 13 14 15	13 14 15 16 17 18 19	13 14 15 16 17 18 19	10 11 12 13 14 15 16	15 16 17 18 19 20 21	12 13 14 15 16 17 18
16 17 18 19 20 21 22	20 21 22 23 24 25 26	20 21 22 23 24 25 26	17 18 19 20 21 22 23	22 23 24 25 26 27 28	19 20 21 22 23 24 25
23 24 25 26 27 28 29	27 28	27 28 29 30 31	24 25 26 27 28 29 30	29 30 31	26 27 28 29 30
30 31					
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S
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3 4 5 6 7 8 9	7 8 9 10 11 12 13	4 5 6 7 8 9 10	2 3 4 5 6 7 8	6 7 8 9 10 11 12	4 5 6 7 8 9 10
10 11 12 13 14 15 16	14 15 16 17 18 19 20	11 12 13 14 15 16 17	9 10 11 12 13 14 15	13 14 15 16 17 18 19	11 12 13 14 15 16 17
17 18 19 20 21 22 23	21 22 23 24 25 26 27	18 19 20 21 22 23 24	16 17 18 19 20 21 22	20 21 22 23 24 25 26	18 19 20 21 22 23 24
24 25 26 27 28 29 30	28 29 30 31	25 26 27 28 29 30	23 24 25 26 27 28 29	27 28 29 30	25 26 27 28 29 30 31
31			30 31		

ANNUAL MEETINGS

APHA Annual Meeting	March 25-28, 2011	Seattle, WA
NABP Annual Meeting	May 21-24, 2011	San Antonio, TX
NABP District 8 Meeting	September? October?	?
NACDS Annual Meeting	April 30-May 3, 2011	Scottsdale, AZ
NACDS Pharmacy & Technology	August 27-30, 2011	Boston, MA
ASHP Summer Meeting	June 12-15, 2011	Denver, CO
Mid Year Meeting	December 4-8, 2011	New Orleans, LA
NASCSA Annual Meeting	October 18-21, 2011	Portland, ME

STATE HOLIDAYS

New Years Day	January 1, 2011
Martin Luther King's Birthday	January 17, 2011
President's Birthday	February 21, 2011
Memorial Day	May 30, 2011
Independence Day	July 4, 2011
Labor Day	September 5, 2011
Nevada Day	October 28, 2011
Veteran's Day	November 11, 2011
Thanksgiving	November 24 & 25, 2011
Christmas	December 26, 2011

BOARD MEETING

at the

Las Vegas Chamber of Commerce
Turnberry Town Square
6671 Las Vegas Boulevard, South
Las Vegas

July 14 & 15, 2010

The meeting was called to order at 9:00 a.m. by Don Fey, Board President.

Board Members Present:

Keith Macdonald
Donald Fey

Beth Foster
Chad Luebke

Kirk Wentworth
Kam Gandhi

Board Members Absent:

Mary Lau

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Rose Marie Reynolds

CONSENT AGENDA

1. Approval of June 2-3, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Advanced Tissue – Little Rock, AR
 - B. Applied Medical Technology, Inc. – Brecksville, OH
 - C. Brennen Medical, LLC – St Paul, MN
 - D. CPAPSupplies.com LLC – Oklahoma City, OK
 - E. DynaVox Systems, LLC – Pittsburgh, PA
 - F. mdINR, LLC – New Windsor, NY
 - G. Peterson's Home Care – Parker, AZ
 - H. Signostics Inc. – Palo Alto, CA
 - I. Uromed, Inc. – Carlsbad, CA

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

- J. Cardinal Health Pharmacy Services, LLC – Irvine, CA

- K. Diplomat Specialty Pharmacy – San Bernardino, CA
- L. LifeSpan Pharmacy Inc. – Dallas, TX
- M. NextRx, Inc. – Mason, OH
- N. PromiseCare Pharmacy – Antioch, TN
- O. Sterling Medical Services, LLC – Tempe, AZ

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

- P. Abbott Products, Inc. – Marietta, GA
- Q. Angiotech – Gainesville, FL
- R. Beach Pharmaceuticals, Inc. – Greenville, SC
- S. New England Compounding Center – Framingham, MA
- T. Hi-Tech Pharmacal Co., Inc. – Amityville, NY
- U. Par Pharmaceutical, Inc. – Montebello, NY
- V. Patterson Logistics Services, Inc. – Tonawanda, NY
- W. Patterson Medical Supply, Inc. – Tonawanda, NY
- X. Pedinol Pharmacal, Inc. – Farmingdale, NY
- Y. Pharmaceutical Associates, Inc. – Greenville, SC
- Z. Sanofi Pasteur Inc. – Forest Park, GA
- AA. Sentry BioPharma Services, Inc. – Indianapolis, IN
- BB. Xttrium Laboratories, Inc. – Mount Prospect, IL

Application for Nevada Pharmacy – Non Appearance:

- CC. Ridley's Clinic Pharmacy – Ely

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board Action:

Motion: Keith Macdonald found the consent agenda application information to be accurate and complete and moved for approval.

Second: Chad Luebke

Action: Passed Unanimously.

Discussion:

Motion: Chad Luebke found the minutes to accurate and complete and moved for approval.

Second: Kirk Wentworth

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

- | | | |
|----|-----------------------|---------------|
| A. | Lisa A. Heathcock, PT | (10-007-PT-S) |
| B. | Walgreens #12646 | (10-007-PH-S) |

It was noted that Ms. Heathcock had a family emergency and would be unable to appear.

Rob Graham was present to represent Walgreens in this matter and presented Matt Forster, district pharmacy supervisor for Walgreens, to testify.

Matt Forster appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer made opening statements and advised that Ms. Heathcock worked for approximately 205 days without having renewed her license.

Mr. Graham made opening statements and advised that Walgreens did check to ensure all of their staff had renewed their licenses, and that their computer system was working properly, however Walgreens staff was given false information from Ms. Heathcock.

Rob Graham submitted an exhibit, a copy of a license verification with part of the expiration date missing. The exhibit was marked Exhibit A and accepted into the record.

Mr. Graham noted that Ms. Heathcock supplied the license verification with a portion of the expiration date cut off and she had written in "2011" and submitted that as proof of her status to Walgreens. She claimed that she had not received her certificate as of the time she was asked. Mr. Graham admitted that the managing pharmacist should hold some culpability for not following up but it was apparent that Ms. Heathcock was ultimately responsible for renewing her registration. Mr. Graham advised that Walgreens investigation into this matter revealed that perhaps Ms. Heathcock was having monetary issues because she had been borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy which she had not done.

Board Action:

Motion: Keith Macdonald moved to table this matter regarding Ms. Heathcock and have her appear before the Board at the October meeting.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to fine Walgreens \$250.00, have them pay the Board's administrative fee of \$295.00 and have them do a presentation of their computer system that tracks licensing to one of the Board's staff.

Second: Kam Gandhi

Action: Passed Unanimously

C. Eduardo Morales, R.Ph (10-038-RPH-S)

Carolyn Cramer advised the Board that Mr. Morales was not present even though he was noticed and signed for the certified letter containing the Notice of Intended Action and Accusation. Mr. Morales did not provide any CE when he was audited. Ms. Cramer recommended a fine of \$250.00 plus a \$295.00 administrative fee, require Mr. Morales to do 60 CE's as a penalty plus the 30 CE's that will be due in 2011, and audit Mr. Morales in 2011 to ensure his compliance.

Board Action:

Motion: Keith Macdonald moved to find Mr. Morales guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to suspend Mr. Morales' license, have him make up the CE's as Ms. Cramer outlined, pay the fine and administrative fee and appear before the Board prior to reinstatement of his license.

Second: Kam Gandhi

Action: Passed Unanimously

D. Joseph Overmire, R.Ph (10-035-RPH-S)

Joseph Overmire appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Cramer reviewed the two Causes of Action against Mr. Overmire. Mr. Overmire was audited for the 2005-2007 renewal period and was only able to produce 20 CE's for that period. Mr. Overmire was advised that he would be audited again for the 2007-2009 renewal period to ensure compliance with the required penalty CE's and the 30 CE's due for that period. Mr. Overmire needed 100 CE's to be compliant, however he only submitted 60 CE's.

Mr. Overmire explained that he misunderstood the initial letter he received from Board staff and did not receive the second letter that explained further his responsibility. He stated that there was some miscommunication and did not realize that he needed to make up the 10 that he could not produce for the 2005-2007 audit, plus 60 for a penalty, plus 30 for the 2007-2009 renewal period. He thought he only had to do 60 which is what he did.

Board Action:

Motion: Chad Luebke moved to find Mr. Overmire guilty of the First Cause of Action.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Chad Luebke moved to find Mr. Overmire guilty of the Second Cause of Action.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Chad Luebke moved in the penalty phase to have Mr. Overmire complete 40 CE's within three months in addition to the 30 CE's that are required to renew his license in 2011. Mr. Overmire will be audited in three months and again after the 2011 renewal period. If Mr. Overmire has not completed 40 hours of CE within the three month period his license will automatically be suspended until he becomes compliant. Mr. Overmire will pay a \$250.00 fine and administrative fees in this matter.

Second: Kam Gandhi

Action: Passed Unanimously

E. Kunku Kang, R.Ph (10-034-RPH-S)

Kuku Kang appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Mr. Kang had indicated on his 2005-2007 renewal that he had completed 30 CE's when in fact he could only produce 28.5 CE's when he was audited. In the follow-up audit for the 2007-2009 renewal period Mr. Kang was to produce 45 hours of CE for the penalty, make up the 1.5 CE's that he could not produce for the 2005-2007 audit plus do the 30 CE's for the current renewal period. Mr. Kang only produced 45.0 CE's for the follow-up audit.

Mr. Kang testified that he misunderstood the letter explaining how many CE's he was required to do. He did however find the CE's that would have made him compliant with the 2005-2007 audit in his wife's folder and submitted them to Board staff however they would not accept them as they were not provided when he was originally audited. Mr. Kang testified that he was very conscientious and has been very disturbed by this accusation. He explained that he has not been working while this issue is unresolved. Mr. Kang advised the Board that since this came to his attention he has done 60 plus CE's and will do whatever the Board requests of him.

Board Action:

Motion: Beth Foster moved to find Mr. Kang guilty of the First and Second Causes of Action

Second: Chad Luebke

Discussion: Kam Gandhi advised that he was having difficulty finding Mr. Kang guilty of the First Cause of Action because he eventually found the CE's that he could not find for the audit. It was explained that you are responsible for providing the CE's when they are requested, not two years later.

Action: Passed With One Negative Vote

Motion: Chad Luebke moved in the penalty phase to require Mr. Kang to do 32.5 CE's within 90 days and ensure he has the 30 CE's required for the 2009-2011 renewal period, be audited after the 2011 renewal period, and pay a \$295.00 administrative fee. If Mr. Kang does not provide 32.5 CE's within 90 days his license will be suspended until he becomes compliant.

Second: Kam Gandhi

Action: Passed Unanimously

F. Christopher J. Peters, R.Ph (10-039-RHH-S)

Carolyn Cramer advised the Board that she was dismissing this matter in lieu of the outcome of Case No. 10-011-RPH-S.

G. Christopher J. Peters, R.Ph (10-011-RPH-S)

Chris Peters and Larry Espadero appeared and were sworn by President Fey prior to answering questions or offering testimony.

NOTE: Chad Luebke and Keith Macdonald recused from participation in this matter because they both work for Wal-Mart.

Mr. Peters admitted to the charges in the Accusation. He indicated that he was bitten by a brown recluse spider, was prescribed Norco and started his addiction to controlled substances all over again.

Larry Espadero advised the Board that Mr. Peters joined PRN PRN in February. He indicated it is hard to determine how relapses occur and noted that the relapse rate is about 7%. If an addict becomes complacent and stops going to AA and NA or seeking support, that is generally when relapse occurs. Mr. Espadero recommended that Mr. Peters not work in a pharmacy for at least one year. At that time, Mr. Espadero will reevaluate Mr. Peters' circumstances.

Mr. Peters testified that he has not worked in pharmacy since he was terminated from Wal-Mart and indicated that he is currently working as a security guard. Mr. Peters realizes that he has a dependency problem and had become complacent over time. He indicated that he knows he needs help and is utilizing his counselor and sponsor for support.

Board Action:

Motion: Kam Gandhi moved to find Mr. Peters guilty of the alleged violations.

Second: Beth Foster

Action: Passed Unanimously

Motion: Kam Gandhi moved to revoke Mr. Peter's license for one year, have him pay an administrative fee and continue with his PRN PRN program.

Second: Beth Foster

Action: Passed Unanimously

H. Lenny Saldarriaga, PTT

(10-002-PT-S)

Carolyn Cramer noted that Mr. Saldarriaga was not present and advised that he had received his Notice of Intended Action and Accusation as indicated from his signature on the return receipt of the certified letter.

Ms. Cramer reviewed the circumstances of Mr. Saldarriaga's termination of employment for drug diversion. Mr. Saldarriaga was caught diverting two bottles of 500 hydrocodone/APAP from the pharmacy by placing them in the trash and taking the trash out of the pharmacy. In his written statement, besides the two bottles he was caught with, he admitted to taking six other bottles of 500 hydrocodone/APAP from the pharmacy for a patient of Walgreens. He would place them in the trash, take the trash out to the dumpster behind the pharmacy and the patient would retrieve them from there.

Board Action:

Motion: Kam Gandhi moved to find Mr. Saldarriaga guilty of the alleged violations.

Second: Beth Foster

Action: Passed Unanimously

Motion: Kam Gandhi moved to revoke Mr. Saldarriaga's pharmaceutical technician in training registration.

Second: Beth Foster

Action: Passed Unanimously

I. Niko Liguton, PT (10-049-PT-S)

Carolyn Cramer advised that Mr. Liguton was not present for hearing even though he signed the return receipt for the certified letter that delivered his Accusation.

Ms. Cramer explained that this was a termination of employment from Smith's which outlined that Mr. Liguton had tested positive for methamphetamine in a random drug screening.

Board Action:

Motion: Kirk Wentworth moved to find Mr. Liguton guilty of the alleged violations.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Mr. Liguton's pharmaceutical technician registration.

Second: Keith Macdonald

Action: Passed Unanimously

J. Elijah Akpan, R.Ph (09-114-RPH-S)

Carolyn Cramer noted that Mr. Akpan was not present. Ms. Cramer advised that Mr. Akpan had not picked up the Notice of Intended Action and Accusation from the post office and it was returned to the Board's office Unclaimed.

Ms. Cramer advised that Board staff received a copy of the United States District Court Superseding Indictment and the United States District Court Judgment in a Criminal

Case (Case No. 2:05-CR-304-RCJ-RJJ) indicating that Mr. Akpan pled guilty to one count (number 50 of 129 counts) of Medicare and Medicaid Health Care Fraud. The Superseding Indictment charged Mr. Akpan with having received over \$2.5 million in Medicare and Medicaid reimbursement. Mr. Akpan was sentenced to 5 years probation and ordered to pay a lump sum payment of \$811,566.59 in criminal monetary penalties.

Board Action:

Motion: Keith Macdonald moved to find Mr. Akpan guilty of the alleged violations.

Second: Chad Luebke

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Mr. Akpan's pharmacist license.

Second: Chad Luebke

Action: Passed Unanimously

4. Application for Out-of-State Pharmacy – Appearance:

ANEWrx – Pittsburgh, PA

Robert Hahn and Erik Brennan appeared and were sworn by President Fey prior to answering questions or offering testimony.

They explained that they are a compounding pharmacy that basically compounds lotions, creams and hormones. They advised that they do use testosterone in their compounds and realize that testosterone is a controlled substance in Nevada. They make patient specific compounds and do not send bulk products to doctors in Nevada.

Board Action:

Motion: Keith Macdonald moved to approve the out of state pharmacy application for ANEWrx.

Second: Kam Gandhi

Action: Passed Unanimously

5. Applications for Nevada MDEG – Appearance:

A. Cann Medical Supply, Inc. – Las Vegas

Maritza Velazquez, Christianah Sutton and Queen Anieze appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Velazquez described her previous MDEG experience, her responsibilities at those facilities and procedures she intends to implement as the facility administrator for Cann Medical Supply. She has been working with Ms. Sutton to set up their new facility.

Queen Azieze explained that her role with this business is as a consultant. She indicated that for some of the previous businesses she has helped start up she was only with them for approximately three months. Now her model is to stay with the new facilities she consults with until it is up and running smoothly and she finds it is a much more rewarding experience for all involved.

Board Action:

Motion: Kirk Wentworth moved to approve the MDEG application for Cann Medical Supply.

Second: Keith Macdonald

Action: Passed Unanimously

B. DOLCrX – Las Vegas

Khanh Pham and David Bailey appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Pham explained the purpose of being a MDEG provider is to serve the diabetic community. She will be supplying diabetic supplies to her patients and she gave examples and descriptions of the products that she will carry.

Board Action:

Motion: Kam Gandhi moved to approve the MDEG application for DOLCrX.

Second: Kirk Wentworth

Action: Passed Unanimously

C. Ken Kob & Associates, Inc. – Las Vegas

Ken Kob appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Kob indicated that he provides implants and instruments for orthopedic surgery. He works directly with physicians for specific patient needs. They ensure the equipment is appropriate and make sure they replace what has been used so their stock is always available. He has a facility in Arizona and they have been doing business in Nevada since 1998 not realizing that they needed a MDEG license. When he began doing

business in Nevada there were no license requirements with the Board of Pharmacy for MDEG providers.

Board Action:

Motion: Keith Macdonald moved to approve the MDEG application for Ken Kob and Associates.

Second: Kirk Wentworth

Action: Passed Unanimously

D. Otto Bock Orthopedic Services LLC – Las Vegas

Dan Sarria and Barry Schauben appeared and were sworn by President Fey prior to answering questions or offering testimony.

Board staff asked where Mr. Fishman was since the Board likes to discuss the facility administrator's previous MDEG experience. Mr. Sarria explained that Mr. Fishman is the district manager that oversees several facilities and they thought that was the person the Board would want the information for. It was determined that Mr. Schauben will be the facility administrator for this facility and will oversee this location on a day to day basis. He explained his MDEG experience to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve the MDEG application for Otto Bock pending a correction to the application to indicate that Mr. Schauben is the facility administrator.

Second: Kam Gandhi

Action: Passed Unanimously

6. Application for Nevada Wholesaler – Appearance:

Green Valley Medical Supply – Henderson

Scott Silber and Glen Pruitt appeared.

Carolyn Cramer asked the Board to table this application pending further review.

Board Action:

Motion: Keith Macdonald moved to table the application for Green Valley Medical Supply for further review.

Second: Chad Luebke

Action: Passed Unanimously

7. Request for Pharmacist License – Reciprocation – Appearance:

Obatare Avworo

Obatare Avworo appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised that Mr. Avworo would like to reciprocate to Nevada, however he had three convictions for theft and was disciplined in Texas for those convictions. Board staff invited him to appear to explain the circumstances.

Mr. Avworo advised the Board that these convictions were a long time ago when he was younger. He stated he was hanging out with the wrong crowd and became involved in their activity of shoplifting clothes. He testified that he stopped socializing with that group of people, settled down in school, graduated from pharmacy school and is now working through a pharmacist placement service and is currently working in a hospital in a small town in Texas.

Board Action:

Motion: Kirk Wentworth moved to approve Mr. Avworo's application for reciprocation to Nevada.

Second: Keith Macdonald

Action: Passed Unanimously

8. Requests for Pharmaceutical Technician in Training License – Appearance:

A. Crystal Gebhart

Crystal Gebhart appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Gebhart stated that she was reappearing to advise the Board that she had gone to court on the drug paraphernalia charges and the case was dismissed. The Board asked if she had any documentation to verify that decision and she indicated that they did not provide her with anything. Ms. Gebhart indicated that she needed the pharmaceutical technician in training registration in order to complete her technician program at High Tech Institute. She stated that she needed the registration in August when she resumed class.

The Board asked Ms. Gebhart if she could go to the Henderson Justice Court and obtain a copy of the dismissal by Thursday morning. Ms. Gebhart indicated she could do that. The Board asked her to reappear at 11:30, Thursday, July 15th to continue this matter.

Board Action:

Motion: Keith Macdonald moved to table this application until Thursday, July 15th at 11:30.

Second: Kam Gandhi

Action: Passed Unanimously

On Thursday morning, Larry Pinson contacted Ms. Gebhart and asked if she was able to get the documentation that was requested and she indicated it would take approximately two weeks to obtain a copy.

B. Jessica Rohnke

Jessica Rohnke appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Cramer advised the Board that Ms. Rohnke was present to explain the circumstances of a DUI she received in March, 2009.

Ms. Rohnke explained that she and friends were out and had been drinking. She made a poor decision to drive because her friend was unable. She explained that they got into the car, she left the parking lot and pulled over to the curb because she knew she should not be driving, however she did not turn the motor off. A police officer approached the car, and even though the car was not moving, tested her for alcohol. Ms. Rohnke admitted that she blew a 0.1, was arrested and convicted of DUI. Ms. Rohnke explained that she learned a valuable lesson, has complied with all of the court mandated requirements and has not had any citations of any kind since.

Ms. Rohnke also added that she is maintaining excellent grades in the pharmaceutical technician program at Pima Medical Institute.

Board Action:

Motion: Keith Macdonald moved to approve the application for pharmaceutical technician in training.

Second: Kam Gandhi

Action: Passed Unanimously

C. Genero Siciliano

Mr. Siciliano did not appear.

Board Action:

Motion: Kam Gandhi moved to table this application to the October Board meeting.

Second: Chad Luebke

Action: Passed Unanimously

9. Request for Out-of-State Wholesaler – Non Appearance:

Boca Pharmacal, Inc. – Coral Springs, FL

Carolyn Cramer reminded the Board that they had tabled this application from the last meeting to obtain clarification on discrepancies on their application. Ms. Cramer advised that there had been a disciplinary matter and they were fined for using an unlicensed re-packager.

Board Action:

Motion: Beth Foster moved to approve the application for out of state wholesaler for Boca Pharmacal, Inc.

Second: Kirk Wentworth

Action: Passed Unanimously

10. Requested Appearance:

Diana Bond

Diana Bond appeared with Mark Currie, the Vice President of Sales for Asteres, Inc., and Anthony Soto, managing pharmacist for UMC/Outpatient pharmacy and also a staff pharmacist for Lied Ambulatory Clinic. Ms. Bond provided Board staff with a request to install a ScriptCenter automated dispensing machine in the Lied Ambulatory Clinic lobby. This clinic serves indigent and underserved patients for their refill needs. Ms. Bond explained that she would like to put a ScriptCenter in the lobby of the clinic, however they do not have a wall for the machine to attach directly to the pharmacy. After reading NAC 639.718 it appears that the machine has to be attached to a wall of the pharmacy so access for a pharmacist to fill the machine would be from inside the pharmacy. Ms. Bond explained various security measures in place at the Lied Ambulatory Clinic, the hours of service for the clinic, patients would only have access to the machine during business hours, the pharmacist would load the machine only when

the clinic was closed, and at all times pharmacy staff has visual control over the machine.

Carolyn Cramer read the language in NAC 639.718 to the Board and they discussed the terminology and determined that since the pharmacy staff would have visual contact with the machine at all times, they found that this model would constitute a secure location as required by that language.

Board Action:

Motion: Keith Macdonald moved to approve the request from UMC to install a ScriptCenter in their Lied Ambulatory Clinic because it is in the staff's physical, visual, and a secure area of the pharmacy. He also moved to initiate a regulation change to include visual security language.

Second: Kirk Wentworth

Action: Passed Unanimously

11. Your Success Rx Reports:

- A. Michele Brucato
- B. Mindy Hsu

Larry Pinson reported that he, Katie Johnson, Michele Brucato and Mindy Hsu met and discussed their participation in the Your Success Rx program. Ms. Johnson reported that the Wal-Mart they work in is impressive as is the managing pharmacist. The only suggestion she made for the store was to enlarge the scanned image of the prescription on the computer screen. There is a way to enlarge it, however it would be less cumbersome if it appeared larger without having to go through the extra steps to enlarge it. Ms. Johnson also indicated that she felt it was unnecessary and time consuming to counsel on refill prescriptions that have simply been assigned a new number. This is Wal-Mart store policy. Both Ms. Brucato and Ms. Hsu participated fully in the program and indicated that they found value in having participated.

12. Budget

Larry Pinson presented the Budget for review. He and Keith Macdonald explained various categories and answered questions to the Board's satisfaction.

Board Action:

Motion: Kam Gandhi moved to approve the Budget as presented.

Second: Beth Foster

Action: Passed Unanimously

13. Approval of 2011 Board Meeting Dates

Mr. Pinson asked the Board to look at their calendar's and see if the proposed dates for the 2011 Board meetings were acceptable.

Board Action:

Motion: Kam Gandhi moved to approve the meeting dates presented.

Second: Beth Foster

Action: Passed Unanimously

14. General Counsel Report:

Ms. Cramer informed the Board that the Legislative Committee on Healthcare would be addressing the concept of consolidating board administrative activities next week.

15. Executive Secretary Report:

A. Financial Report

1. Treasurer's Report

Keith Macdonald met with Board staff and reviewed the books and discussed the budget with Larry Pinson and Lisa Hedaria and reported that everything was in order

B. Temporary Licenses

Mr. Pinson approved one temporary license since the last Board meeting.

C. Staff Activities

1. Meetings

a. DEA (6/15-6/17)

Mr. Pinson advised that he attended a DEA conference in St. Louis. The DEA has approved electronic prescribing for controlled substances beginning in June, however the implementation is at least six months out as they work out security issues.

Surescript and DoctorRx are the closest to having secure software available. Their software will ensure that the prescriptions submitted electronically to a pharmacy are valid. Mr. Pinson noted that Nevada allows controlled substances to be electronically submitted, however not Schedule II's.

b. National Rural Health Initiative (6/21-6/25)

Larry Pinson advised the Board that Joe Depczynski went to Denver for this conference and represented Nevada. The meeting addressed the continuing issue of dealing with precursors for methamphetamine. A federal grant for this initiative covered Mr. Depczynski's participation in the conference.

c. Governor's Working Group in Meth Use in Nevada (7/7)

Mr. Pinson advised that he had Carmen Medina, our intern from Idaho, research synthetic cannabinoids, as requested by the committee. From her findings they prepared a report for the Attorney General on that topic. Mr. Pinson indicated that Mark Jackson,

the Douglas County District Attorney will appear before them at the Board in September to ask the Board to schedule synthetic cannabinoids.

d. Continuing Education

Ron Shockey gave a continuing education program in the South and Larry Pinson did one in Carson City. Both were well attended and received.

D. Reports to Board

1. ISU Student (6/28)

Carmen Medina is interning at the Board office for six weeks. She is helping with special projects, going on inspections, attending meetings and learning the functions and purpose of the Board.

2. Immunization Report

Mr. Pinson provided the Board with the Immunization Report and advised that Ray Seidlinger did an excellent job preparing the information.

3. Prescription for Shared Future

Board staff received information from NABP announcing a three year partnering plan to involve the Boards of Pharmacy in a shared future and partnership with NABP and their colleague jurisdictions. The first year they ask a Board member to attend, the second year the Exec, and the third year a compliance officer. Mr. Pinson asked for a volunteer to attend the first forum on September 22nd and 23rd. Beth Foster volunteered to participate and represent Nevada.

E. Board Related News

1. DEA rule on electronic prescribing of CS

Addressed above.

F. Activities Report

16. Next Board Meeting:

September 8-9, 2010 – Reno, Nevada

17. Public Comments and Discussion of and Deliberation Upon Those Comments

There were no public comments.