

September 29, 2010

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Blvd South
Las Vegas

Wednesday, October 13, 2010 – 9:00 am

Thursday, October 14, 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.

October 2010 Board Meeting Agenda

* 1. [Approval of September 8-9, 2010, Minutes](#)

* 2. [Applications for Out-of-State MDEG – Non Appearance:](#)

- A. Comfort Medical Supply, LLC – Ormona Beach, FL
- B. IDEV Technologies, Inc. – Webster, TX
- C. Fisher & Paykel Healthcare, Inc. – Irvine, CA
- D. KCI USA, Inc. – Salt Lake City, UT
- E. Life Care Diabetic Supplies, Inc. – Jupiter, FL
- F. McCleve Orthotics & Prosthetics, Inc. – Mesa, AZ
- G. Praxair Healthcare Services, Inc. – Cedar City, UT
- H. Praxair Healthcare Services, Inc. – Salt Lake City, UT

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

- I. Avacare, Inc. – Greensboro, NC
- J. CuraScript SP Specialty Pharmacy – Indianapolis, IN
- K. DCI Pharmacy Services – Nashville, TN
- L. Main Street Family Pharmacy, LLC – Newbern, TN
- M. Northwest Health Systems, Inc. – Spokane, WA
- N. OncoSource Rx LLC – Columbia, MD
- O. Pharmacy Services, Inc. – St Louis, MO
- P. Pet's Choice Pharmacy – Fairbury, NE
- Q. Valley Vet Supply – Marysville, KS

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

- R. Exel Inc. – San Jose, CA
- S. Global Pharmaceuticals Division of Impax Laboratories Inc – Chelfont, PA
- T. Hospira Worldwide, Inc. c/o Aspen Logistics, Inc. – W Salt Lake City, UT
- U. KV Pharmaceutical Company – Bridgeton, MO
- V. Maxim Health Systems, LLC – Columbia, MD
- W. Medline Industries Holdings, LP – Sumner, WA
- X. Neshor Pharmaceuticals, Inc. – Bridgeton, MO
- Y. Neshor Pharmaceuticals, Inc. – Bridgeton, MO
- Z. PediatRx, Inc. – Califon, NJ
- AA. Ther-Rx Corporation – Bridgeton, MO
- BB. Tri-Anim Health Services, Inc. – Visalia, CA
- CC. Woodfield Distribution, LLC – Boca Raton, FL

Applications for Nevada Pharmacy – Non Appearance:

- DD. Mt. View Pharmacy – Las Vegas
- EE. Western Home Care – Las Vegas

October 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.	Patrick J. Cunningham, R.Ph	(10-054-RPH-S)
B.	Cornelius N. Murray	(10-051-PT-S)
C.	Brandi M. Thompson	(10-055-PT-S)
D.	Timothy Lopez, R.Ph	(09-122-RPH-S)
E.	Applied Pharmacy Services, LLC dba Remedy Rx	(09-122-PH-S)
F.	Timothy Lopez, R.Ph	(09-006-RPH-S)
G.	Applied Pharmacy Services, LLC dba Remedy Rx	(09-006-PH-S)
H.	Jill Henry, R.Ph	(10-021-RPH-S)
I.	Resource Pharmacy	(10-021-RH-S)
J.	Lisa A. Heathcok	(10-007-PH-S)
K.	Veronica B. Cox	(10-059-PT-N)

- * 4. [Application for Nevada Pharmacy – Appearance](#):

DOLCRX – Las Vegas

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

Walgreens Infusion Services – Chico, CA

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

- | | |
|----|--|
| A. | LV Medical Supply – Las Vegas |
| B. | Tropicana Medical Supply, Inc. – Las Vegas |
| C. | WS&S Las Vegas – Las Vegas |

- * 7. [Requests to Amend Discipline Order – Appearance](#):

- | | |
|----|-----------------------|
| A. | Henry H. Miller, R.Ph |
| B. | Steve Shaver, R.Ph |

- * 8. [Request for Reinstatement of Pharmacist License – Appearance](#):

Michelle Badten

- * 9. [Request for Reinstatement of Pharmacy Technician License – Appearance](#):

Cynthia J. Stone

October 2010 Board Meeting Agenda

*10. [Request for Reconsideration of Discipline Order – Appearance:](#)

Elijah Akpah, R.Ph

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

- A. Jamal Brumfield
- B. Anthony Cox
- C. Leon DeGrate
- D. Crystal Gebhart
- E. Genero Siciliano
- F. Cara Terry

*12. [Request for Dispensing Technician in Training License – Appearance:](#)

Tawanda Lee

13. [Presentation:](#)

Mark Amodei and Liz MacMenamin

*14. Election of President

*15. General Counsel Report

Recent Regulatory Activities and Litigation

*16. [Discussion and Determinations:](#)

- A. Continuing Education
- B. 14 Day Rule

*17. [Executive Secretary Report:](#)

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. CE
 - 2. NABP District Meeting
- D. Reports to Board
 - 1. MDEG Committee Meeting (9/21)
- E. Board Related News
- F. Activities Report

October 2010 Board Meeting Agenda

W O R K S H O P – Thursday, October 14, 2010 – 9:00 am

*18 .

Proposed Regulation Amendment Workshop – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.

Amendment of Nevada Administrative Code 639.510 Schedule 1

Because of noted abuse of un-regulated synthetic cannabinoids resulting in dire circumstances and requests from legislators and the Douglas County District Attorney's Office it is in the public's best interest to schedule as a CI.

P U B L I C H E A R I N G – Thursday, October 14, 2010 – 9:00 am

*19. **Notice of Intent to Act Upon a Regulation:**

1. **Amendment of Nevada Administrative Code 639.NEW, 639.469, 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.
2. **Amendment of Nevada Administrative Code 639.NEW Telepharmacy**
This language sets the parameters for a pharmacist or dispensing practitioner to practice from a remote site in rural areas to facilitate the needs of patients in remote areas of Nevada.

20. Next Board Meeting:

December 1 & 2, 2010 – Reno, Nevada

*21. 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.**

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.

October 2010 Board Meeting Agenda

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

at the

Airport Plaza Hotel
1981 Terminal Way
Reno, Nevada

September 8th and 9th, 2010

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

Board Members Present:

Keith Macdonald	Beth Foster	Kirk Wentworth
Donald Fey	Chad Luebke	Kam Gandhi
Mary Lau		

Board Members Absent:

Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Keith Marcher
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CONSENT AGENDA

1. Approval of July 14-15, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. ActivStyle, Inc. – Truckee, CA
 - B. BNS Medical, LLC – Titusville, FL
 - C. DexCom, Inc. – San Diego, CA
 - D. Healthsafe – Titusville, FL
 - E. Interactive Medical Systems, Inc. – Garden Grove, CA
 - F. KCI USA, Inc. – Ft Worth, TX
 - G. KCI USA, Inc. – Fresno, CA
 - H. KCI USA, Inc. – Pittston, PA
 - I. KCI USA, Inc. – Salt Lake City, UT
 - J. Medtronic USA, Inc. – Elizabeth, NJ
 - K. Medtronic USA, Inc. – Mira Loma, CA
 - L. Norco, Inc. – Moses Lake, WA
 - M. Orthofix Inc. – Lewisville, TX
 - N. Sleepnet Corporation – Hampton, NH
 - O. Valeritas Inc. – Bridgewater, NJ
 - P. X-Gen Pharmaceuticals, Inc. – Horseheads, NY

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

- Q. America's Assisted Living Pharmacy – Paducah, KY
- R. American Homecare Federation, Inc. – Enfield, CT
- S. Community Healthcare Services, Inc. – Loma Linda, CA
- T. IBA Molecular North America, Inc. – Gilroy, CA
- U. Kindred Care – Lawrence, KS
- V. KV Vet Supply – David City, NE
- W. Lone Star Pharmacy, LTD – Garland, TX
- X. Mountain Care Pharmacy – Murray, UT
- Y. Parkview Compounding Pharmacy – Rancho Cucamonga, CA
- Z. Pharmahealth Long Term Care, Inc. – Fairhaven, MA
- AA. Ralphs Pharmacy #206 – Los Angeles, CA
- BB. Ralphs Pharmacy #32 – Los Angeles, CA
- CC. Triplefin Specialty Pharmacy – Cincinnati, OH

Application for Nevada MDEG – Non Appearance:

- DD. National Seating & Mobility, Inc. – Henderson

Applications for Nevada Pharmacy – Non Appearance:

- EE. Advanced Care Rx Pharmacy 1 – Las Vegas
- FF. Walgreens Infusion Services – Reno

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

- GG. Alkermes, Inc. – Waltham, MA
- HH. Baxter Healthcare Corporation – Wilsonville, OR
- II. Bioform Medical Inc. – Franksville, WI
- JJ. BioRidge Pharma, LLC – Florham Park, NJ
- KK. Bioscrip Pharmacy Services, Inc. – Columbus, OH
- LL. Busse Hospital Disposables – Hauppauge, NY
- MM. Exel, Inc. – Ontario, CA
- NN. Exel, Inc. – Ontario, CA
- OO. Exel, Inc. – Olive Branch, MS
- PP. Healthfirst – Mountlake Terrace, WA
- QQ. Infusystem, Inc. – Madison Heights, MI
- RR. National Distribution & Contracting, Inc. – Laverge, TN
- SS. Premium Health Services – Columbia, MD
- TT. Schwarz Pharma, LLC – Smyrna, GA
- UU. UCB, Inc. – Smyrna, GA
- VV. Upstate Pharma, LLC – Rochester, NY

NOTE: Mary Lau recused from participation on the vote for Item FF because Walgreens is a member of RAN, though she was not certain that voting for Walgreens Infusion Services would be a conflict.

Discussion:

The consent agenda applications and supporting documents were reviewed. Carolyn Cramer noted changes regarding the administrators of KCI USA and other minor corrections to the applications.

Board Action:

Motion: Chad Luebke found the consent agenda application information to be accurate and complete and moved for approval of the applications with the exception of Item FF.

Second: Kam Gandhi

Action: Passed Unanimously.

Motion: Chad Luebke moved for approval of Item FF.

Second: Kam Gandhi

Action: Passed Unanimously.

Concerns were voiced regarding wholesalers. Specifically can two wholesalers be located at the same physical address and have the same facility manager? On the other hand, the same person that filled out the two applications for the Georgia facilities at the same address, also completed the application for a facility in New York. Board staff advised that we depend upon the regulatory agency in the state in which they are currently licensed to ensure their licensees are following their rules. The Board also wondered about the relationship between the three firms.

Discussion:

Motion: Beth Foster found the minutes to accurate and complete and moved for approval.

Second: Kirk Wentworth

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

- | | | |
|----|---------------------|----------------|
| A. | Steve Douglas, R.Ph | (10-053-RPH-N) |
| B. | Don's Pharmacy | (10-053-PH-N) |

NOTE: Mary Lau recused from participation in this matter as Don's Pharmacy is a member of RAN.

Bill Stilling appeared to represent Don's Pharmacy and Steve Douglas.

Carolyn Cramer and Bill Stilling both gave opening statements.

Carolyn Cramer admitted 23 Exhibits that were allowed by Mr. Stilling and accepted into the record.

Ms. Cramer called Kathleen Ashmead to testify.

Kathleen Ashmead appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Cramer asked Ms. Ashmead to explain her relationship with Anthony Todesco, the victim in this matter. Ms. Ashmead stated that she was Mr. Todesco's care giver as he suffers from a variety of physical and psychological problems associated with his addiction to opiates. As such, she pays his bills, helps him get to appointments, administers his medications and runs errands for Mr. Todesco. She noted that Mr. Todesco had a history of heroin addiction and was a model patient at a methadone treatment clinic. On May 12, 2010 Ms. Ashmead indicated that she had Mr. Todesco's prescription for clonazepam refilled at Don's Pharmacy. She picked up the prescription, took the medication she was given to Mr. Todesco and left it with him. Ms. Ashmead stated that she did not look in the prescription bottle she received from Don's Pharmacy until the following day when she saw that there were two different looking tablets in the bottle. One of the tablets was white, like the ones she had administered to Mr. Todesco in the past and the majority of the tablets in the prescription vial were green. There was a sticker across the cap of the prescription vial and a sticker alongside the prescription label that read, "This is the same medication you have been getting. Color, size or shape may appear different." Ms. Ashmead administered the green tablets to Mr. Todesco as the label directed, one by mouth three times that day. At approximately 7:00 a.m. on May 13, 2010 Mr. Todesco was found comatose on the living room couch. Mr. Todesco was taken by ambulance to St. Mary's Hospital where he was admitted to the Progressive Care Unit and initially diagnosed with drug overdose, aspiration pneumonia, acute delirium, sepsis and severe thrombocytopenia. Ms. Ashmead stated that Mr. Todesco was physically restrained at the wrists, ankles and torso because of frequent outbursts. Mr. Todesco was stabilized and released from St. Mary's on May 19, 2010. Mr. Todesco was advised to take only one 40 mg. methadone tablet that night and to report to the methadone clinic the following morning. On May 20, 2010 Mr. Todesco went to the methadone clinic where he became unresponsive and was transported to St. Mary's for a second time. Again Mr. Todesco was admitted to the Progressive Care Unit where he was treated for a suspected overdose and severe thrombocytopenia. Ms. Ashmead was called to the hospital and initiated a Do Not Resuscitate (DNR) order as it was believed Mr. Todesco would not live through the night. Mr. Todesco was again stabilized and transported to Northern Nevada Adult Mental Health Services (NNAMHS) on May 26, 2010 for a psychiatric evaluation due to

suspected suicidal tendencies, however he was released the following morning. Ms. Ashmead monitored Mr. Todesco from May 27, 2010 to May 30, 2010. During this time Mr. Todesco ingested nine of the green tablets at the normally scheduled times. On May 30, 2010, Mr. Todesco's behavior became increasingly bizarre and agitated, prompting Ms. Ashmead to take Mr. Todesco to the emergency room at Renown Medical Center. Mr. Todesco was hospitalized for the fourth time where he was again placed under physical restraints until he was released on June 3, 2010. Ms. Ashmead began to evaluate the circumstances of these occurrences that Mr. Todesco had experienced and became suspect of the green tablets she was administering to him. Ms. Ashmead substituted the white tablets for the green ones and noticed an eventual improvement in Mr. Todesco's mental and physical state. Ms. Ashmead researched an online database and identified the green tablets she had been giving Mr. Todesco and discovered that the green tablets were clozapine 100 mg. tablets. Ms. Ashmead contacted Don's Pharmacy and spoke with pharmacist Chuck Boiselle who confirmed the error. Later Ms. Ashmead met with Mr. Boiselle and received the correct medication for Mr. Todesco.

Because of transportation difficulties, Ms. Ashmead indicated that Mr. Todesco is now extremely agitated because he had been a model patient at the methadone treatment clinic and now he has to go to the clinic daily for his methadone treatment rather than the take home program he had previously been allowed to use. Since the hospitals viewed Mr. Todesco's behavior as a methadone overdose because he was a known methadone user, the methadone treatment clinic will not allow Mr. Todesco the privilege of the take home program, even though that was not the case.

Mr. Stilling asked Ms. Ashmead if anyone had spoken to the director of the methadone treatment clinic to ensure they knew the truth about Mr. Todesco's circumstances. Ms. Ashmead indicated that she personally had not spoken to anyone at the clinic.

The Board questioned Ms. Ashmead.

Carolyn Cramer called Joe Depczynski to testify.

Joe Depczynski, Board inspector/investigator, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Depczynski gave specific details about his investigation. Mr. Depczynski stated that he learned a pharmaceutical technician began the filling process by going to the shelf where the clonazepam was stored. She shook the first stock bottle and knew there was not enough medication in the bottle to complete the fill and took the bottle directly behind the first bottle with her to the filling station. The pharmaceutical technician scanned the first bottle and verified that it was the correct medication. There were ten tablets in that bottle. She opened the second bottle and found green tablets and found the labels with the indication that this was the same medication even though it may look different. She completed the filling process by placing one of the stickers across the cap of the prescription vial and a second alongside the prescription label. As was the standard, she divided the prescription vial by putting 80 green tablets in the bottom of

the prescription vial, placing cotton in the prescription vial and then adding the additional ten white tablets. At this time she staged it for the pharmacist's verification.

Mr. Depczynski described the difference in the stock bottles and noted that they were practically identical in size and color of packaging. Since Don's Pharmacy's computer system cannot scan twice on the same prescription it was a visual verification that the pharmaceutical technician did. Since the packaging looked the same and the name of the medication was similar, the error was undetected. When Mr. Douglas did the verification he also failed to see the name difference on the stock bottles. Mr. Douglas did not disturb the cotton in the prescription vial to look at the second layer of medication since there were stickers indicating that the drug could look different. A series of unfortunate events occurred in this instance because it is believed the incorrect bottle of clozapine was shelved incorrectly.

Mr. Stilling and the Board questioned Mr. Depczynski.

Bill Stilling called Steve Douglas to testify.

Steve Douglas appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Douglas described his pharmacy experience and history. He indicated that there is no contest as to having verified the prescription that was in error. Mr. Douglas indicated that he is no longer working at Don's Pharmacy, however he described the pharmacy's procedures on the day of the error. He indicated that the pharmaceutical technician had concerns about the change of medication and the new product appearance. Mr. Douglas indicated that it was the practice to separate the two types of tablets with cotton if there was a change in the medication in any way. Mr. Douglas also had concerns that the packaging was so similar and indicated that he understood the costs involved in different packaging but felt it was the manufacturer's duty to help the industry to avoid errors of this nature by making the packaging different in some manner. He also indicated that the reason the software will not allow a second scan is insurance driven. This error is an instance that could have been avoided if a second scan was possible. Mr. Douglas indicated that this error has affected him personally and apologized to Ms. Ashmead for his participation in this matter. Mr. Douglas was very sincere in his praise of Ms. Ashmead's care given to Mr. Todesco. Mr. Douglas indicated that he is less trusting of his ancillary help now. He indicated that he is more conscientious and does not let distractions affect his practice.

Mr. Douglas answered questions from the Board.

Kam Gandhi disclosed that he works for Albertson's/Save Mart since Mr. Douglas referenced Save Mart in his testimony.

Mr. Stilling called David Vasenden to testify.

David Vasenden, owner of Don's Pharmacy, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Vasenden described his pharmacy experience from his schooling to present. Mr. Stilling asked Mr. Vasenden to describe the policies and procedures at Don's Pharmacy regarding shelving medications when they are delivered to the pharmacy. Mr. Vasenden speculated that whoever received the drugs that were delivered probably had taken both stock bottles from the tote, and since they looked alike, they shelved them incorrectly and made the mistake.

Carolyn Cramer asked Mr. Vasenden if the ScriptPro software he uses could be changed to allow for a second scan. Mr. Vasenden indicated that he has checked into this as an option but it was unlikely because of the insurance issues that would create. Ms. Cramer asked if Mr. Vasenden had changed his shelving procedures and he indicated that they now have the clozapine dispensed by the robot, thus separating the two products so they could not be mixed again. Mr. Vasenden also testified that he has updated his policies and procedures and has counseled his staff on the changes.

Carolyn Cramer gave closing statements and indicated that Mr. Todesco wants his credibility restored with the methadone treatment clinic. Ms. Cramer leaves imposition of fees and costs to the Board's discretion.

Bill Stilling indicated that there is no contest to the error but feels that Mr. Douglas and Don's Pharmacy have used this unfortunate experience to find a way to improve pharmacy practices.

Board Action:

Motion: Beth Foster moved to find Mr. Douglas guilty of the First Cause of Action.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Beth Foster moved to find Don's Pharmacy guilty of the Second Cause of Action.

Second: Kam Gandhi

Action: Passed Unanimously

President Fey asked Ms. Cramer to give the Board recommendations. Ms. Cramer indicated that she would leave fees, costs and fines to the Board's discretion but would like to see Don's Pharmacy software fixed to address the single scanning issue. If the software cannot be updated, Ms. Cramer indicated she would like to see a solid written policy and procedure. Board staff would meet with Mr. Vasenden and he could present his policies on this issue.

Board Action:

Motion: Kam Gandhi moved to fine Mr. Douglas \$1,000.00 plus fees and costs and would have Mr. Douglas do one live Nevada Law CE with Board staff to share his experiences and the ramifications of this error to his peers.

Second: Kirk Wentworth

Action: Motion Failed With Three Negative Votes

Motion: Beth Foster moved to fine Mr. Douglas \$1,000.00 plus fees and costs and give him an option to participate in a Nevada Law CE with Board staff.

Second: Chad Luebke

Action: Passed With One Negative Vote

Motion: Beth Foster moved to have Don's Pharmacy participate in the Your Success Rx program, prepare policies and procedures and present them to the Board at the December 2010 Board meeting.

Second: Kirk Wentworth

Amendment: Rather than participate in Your Success Rx, have Don's Pharmacy consult with Katie Johnson and the rest of the motion to remain the same.

The amendment was accepted by the First and the Second.

Action: Passed With One Negative Vote

C. Veronica B. Cox, PT (10-059-PT-N)

Ms. Cox will appear at the October Board meeting.

D. Jiansheng Li, R.Ph (10-052-RPH-N)

E. CVS/pharmacy #9168 (10-052-PH-N)

F. Jiansheng Li, R.Ph (10-060-RPH-N)

NOTE: Chad Luebke disclosed that he used to be employed by CVS, however he was not acquainted with Mr. Li.

Carolyn Cramer advised the Board that she, Mr. Li and Hal Taylor, Mr. Li's attorney, had come to a settlement agreement on both cases regarding Mr. Li. Ms. Cramer noted that she is dismissing Case No. 10-052-PH-N regarding CVS.

Mr. Li admitted guilt to all three Causes of Action in Case No. 10-052-RPH-N for failing to follow the dosing instructions of the physician, failing to label with correct dosing instructions and failing to counsel. Mr. Li also admitted guilt in Case No. 10-060-RPH-N for leaving the pharmacy unattended while he went to pick up lunch.

In the settlement agreement, Mr. Li agreed to participate in the Your Success Rx program, pay a fine of \$750.00 for the failure to counsel and attend the next four Board meetings in Reno on the Wednesday's to experience the disciplinary actions taken by the Board.

Board Action:

Motion: Mary Lau moved to accept the settlement agreement as presented.

Second: Beth Foster

Action: Passed Unanimously

G. Stacey Beise, R.Ph (10-057-RPH-O)

Carolyn Cramer presented a stipulated agreement to the Board. Ms. Beise had been disciplined in Pennsylvania for chemical dependence and this agreement parallel's that Action.

Board Action:

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

Second: Chad Luebke

Action: Passed Unanimously

4. Application for Out-of-State Pharmacy – Appearance:

Walgreens Infusion Services – Corona, CA

Greg Simas and Dhruvish Patel appeared and were sworn by President Fey prior to answering questions or offering testimony.

Mr. Simas presented a letter from Option Care Enterprises, Inc., dba Walgreens Infusion Services authorizing him and Ms. Patel to represent them. Mr. Simas is the general manager and Ms. Patel is the managing pharmacist for the Corona, California facility.

Mr. Simas explained that there are only five to eight patients in Nevada that they would be shipping to. The medications they are shipping are in powder form and are

reconstituted by the patient. They ship common carrier in appropriate packaging and have telephone coverage to address any issues a Nevada patient might have.

Board Action:

Motion: Keith Macdonald moved to approve the application for out of state pharmacy for Walgreens Infusion Services.

Second: Kam Gandhi

Action: Passed Unanimously

5. Applications for Nevada MDEG – Appearance:

A. LV Medical Supply – Las Vegas

Aragats Karpetyan and Arsen Manukian appeared and were sworn by President Fey prior to answering questions or offering testimony.

The Board questioned Mr. Manukian regarding their policies and procedures regarding selling medical gases as indicated on their application. Mr. Manukian indicated that they were not planning to sell medical gases at this time. The Board asked what they would be selling since they only checked medical gases and diabetic supplies on their application. Mr. Manukian indicated they were not going to sell anything until they received their license. When specifically asked what they would be selling, after considerable thought Mr. Manukian ultimately indicated they would be selling bandages, diapers, walkers and other products. The Board asked if they had a consultant and they indicated they did not have one yet, that they only had the physical location they planned to open when they got their license. Mr. Manukian indicated that he had a lot of experience with patients and gave examples of various medical facilities that he worked in.

Board Action:

Motion: Mary Lau moved to table this application to the October Board meeting to give Mr. Manukian and Mr. Karpetyan an opportunity to hire a qualified facility administrator and correct the application to include information about who they hired as a facility administrator and to also correct the products list on the application to indicate what they actually would be selling.

Second: Chad Luebke

Action: Passed Unanimously

B. Tropicana Medical Supply, Inc. – Las Vegas

Germain Thomas, Mercy Alonge and Ray Seidlinger appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Mr. Seidlinger went to inspect Tropicana Medical and found that there were new owners that had not applied for a change of ownership since August 2009. Mr. Thomas acknowledged that they only found out that they needed to be licensed with the Board of Pharmacy when they tried to apply for Medicare/Medicaid privileges. While Mr. Seidlinger was present he found some extremely outdated products on the shelves that were left from the previous owner. Ms. Alonge advised that they have been in the process of remodeling and they were disposing of the outdated products. Mr. Thomas noted that they were unaware of how to tell that an MDEG product was outdated until Mr. Seidlinger showed them. Now they are aware and will ensure they do not have any outdates in their facility. It was determined that Mr. Thomas worked for the previous owner, Elijah Akpan, as a technician. Mr. Seidlinger testified that Mr. Thomas has been most responsive to his requests and has, or is, in the process of complying with everything asked of him.

Board Action:

Motion: Keith Macdonald moved to approve the application for MDEG provider for Tropicana Medical Supply providing all of the Board's provisions are met and that they meet with one of the Board's inspector's quarterly.

Second: Kirk Wentworth

Action: Motion Failed With Four Negative Votes

Motion: Mary Lau moved to table this application to the October Board meeting. At that time, provide a letter of acknowledgement from a billing source, correct the application showing Mr. Thomas as the facility administrator, bring Queen to testify as their consultant and have Mr. Seidlinger go in and inspect before the appearance.

Second: Kam Gandhi

Action: Passed With One Negative Vote

6. Application for Nevada Wholesaler – Appearance:

Green Valley Medical Supply

Green Valley Medical Supply withdrew their application.

7. Request for Intern Pharmacist License – Appearance:

Brandon Thoreson

Brandon Thoreson appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer explained to Mr. Thoreson was present to explain the circumstances of his numerous arrests and convictions for DUI's and alcohol related instances.

Mr. Thoreson indicated that he only had two DUI's within ten years, and acknowledged that one was as recent as October, 2009 in Oregon. He explained that the Oregon Board had suspended his license for one year, however lifted the suspension after six months. Mr. Thoreson reviewed the ten instances for the Board to the best of his recollection. Mr. Thoreson indicated that he is currently in a PRN group in Oregon after undergoing an intense outpatient program. He also indicated that he is affiliated with a group of professionals that meet weekly and is currently in remission.

Board Action:

Motion: Kirk Wentworth moved to approve the application for intern providing Mr. Thoreson enrolls in the Nevada PRN-PRN program and notify the Oregon Board and court that he may be moving and practicing in Nevada.

Second: Keith Macdonald

Action: Passed With One Negative Vote

8. Requests for Pharmacist License - Reciprocity – Appearance:

A. Fadi Atiya

Mr. Atiya will reschedule his appearance once his issues are rectified in California.

B. Mark C. Longo

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

Mr. Longo explained that he is requesting reciprocity to Nevada because the company he is working with, a small closed door pharmacy, will require him to practice in Nevada occasionally. Mr. Longo explained the circumstances of the discipline imposed upon him in Utah, where he resides. He admitted that he went about serving his patient in the wrong manner because of insurance issues, however he was trying to act in the patient's best interest.

Board Action:

Motion: Keith Macdonald moved to approve the application for reciprocity for Mr. Longo.

Second: Kam Gandhi

Action: Passed Unanimously

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

Kit Bouthillier

Kit Bouthillier appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Mr. Bouthillier presented her with a court order sealing the records of an issue that occurred in 1993. Ms. Cramer indicated that the Board could not question Mr. Bouthillier regarding his criminal history. The court order was signed on September 7, 2010.

Board Action:

Motion: Keith Macdonald moved to approve the application for pharmaceutical technician in training for Mr. Bouthillier.

Second: Kirk Wentworth

Action: Passed Unanimously

10. Appearance Request:

Pharmerica
DocuTrack Presentation

Gary Osoffsky, a pharmacist working at Pharmerica in Las Vegas, and Louie Foster, a representative of Integra, the manufacturer of DocuTrack, appeared to give a presentation on the DocuTrack program. There were four persons who were present by telephone communication, also. DocuTrack is a document management system designed specifically for the closed and retail pharmacy markets. It is a fax retrieval and memory system making it a helpful tool for pharmacies to manage their staff and improve accountability by tracking all document activity.

The Board questioned the back up of this program. It was determined that the backup was done by another company and it was kept off site at a facility that is not owned or operated by DocuTrack or the pharmacy in which it is installed. This was an issue for the Nevada Board as it does not meet current Nevada law requirements. Mr. Foster

was asked to research other states for language that could possibly be incorporated into Nevada law and contact Mr. Pinson with that information for further review.

11. CE Committee Report

Larry Pinson advised the Board that the CE Committee met on August 17, 2010 and approved a continuing education course recommended by the Nevada Immunization Coalition entitled Epidemiology and Prevention of Vaccine Preventable Diseases. Mr. Pinson asked for approval of the Board for six hours of accredited CE.

Board Action:

Motion: Keith Macdonald moved to approve the CE course presented for six hours of accredited CE.

Second: Chad Luebke

Action: Passed Unanimously

12. General Counsel Report

Carolyn Cramer reported that she appeared before the Legislative Committee and noted that the MDEG Administrator regulations were denied and the Cancer Drug Donation regulations were passed. There was discussion about the Committee and their process and Ms. Cramer noted that there were no regulations, other than the Cancer Drug regulations, passed while she was present.

Ms. Cramer also advised the Board that she was following up on Mary Lau's request for discussion regarding the Wal-Mart v. Sanchez matter.

13. Executive Secretary Report:

A. Financial Report

Larry Pinson gave the financial report to the Board's satisfaction.

B. Temporary Licenses

One temporary license was approved since the last Board meeting.

C. Staff Activities

1. CE: Elko, Reno

It was noted that Joe Depczynski would be giving a Nevada law CE in Elko and various outlying locations. Mr. Pinson also noted that all scheduled CE information is on our website.

D. Reports to Board

1. Pharmacist's Letter CE Program

A taped law CE program is almost ready for availability to pharmacists and pharmaceutical technicians at no cost through the Pharmacist's Letter. Mr. Pinson advised that he would post information on our website when it is available.

2. PT Schools

Mr. Pinson advised the Board that the two schools present in the audience advise their applicants to their PT programs in advance of registration that if they have had drug related arrests or convictions that they may not qualify for a pharmaceutical technician in training registration with the Board which would disqualify them from completing the school's program. Mr. Pinson indicated that he had addressed this issue with other programs previously.

3. Inspections

It was noted that Ray Seidlinger has been working diligently on inspections in both the North to help Joe Depczynski and in the South with Ron Shockey.

4. Electronically generated fax prescriptions

Mr. Pinson advised the Board that the DEA has specifically ruled that transmission of electronically generated prescriptions from a prescriber's computer to the pharmacy's fax machine is not allowed. Unless the prescription communication is from the prescriber's computer to the pharmacy's computer, the prescription needs to be signed by the prescriber – not an electronically generated signature.

E. Board Related News

1. APAP

NABP provided a memo that gave a history of the Food and Drug Administration's (FDA) position on the abbreviation of "APAP" for acetaminophen. The FDA Safe Use Initiative and NABP will work with interested pharmacy organizations to identify best processes to eliminate the use of "APAP" and address concerns relating to limited space on prescription labels. NABP and the FDA will also determine a reasonable timeframe for implementation of the requirement to eliminate "APAP" from prescription labels.

2. The Secure and Responsible Drug Disposal Act of 2010

Mr. Pinson provided the Board with an article from *Drug Topics* indicating that the Senate passed a prescription drug disposal bill.

F. Activities Report

14. Discussion and Determination:

Synthetic Cannabinoids (Spice)

Mark Jackson, representing the Douglas County District Attorney's office, appeared and gave a presentation regarding the abuse of synthetic cannabinoids in Nevada. It is more potent than THC and has a high potential for abuse with dire consequences. It is being sold as herbal incense and marked "not for human consumption" however it is being consumed by Nevada's population.

Diane Macken, a lab analyst, joined Mr. Jackson and brought samples of two purchases she made in local head shops. It is marketed under such names as "K2", "Atomic Haze", "Trainwreck" and "Spice". It is an herbal mixture laced with synthetic cannabinoids or synthetic cannabinoid mimicking compounds.

Mr. Jackson and Ms. Macken asked the Board to schedule synthetic cannabinoids as a Schedule I product.

Board Action:

Motion: Keith Macdonald moved to bring language to Workshop.

Second: Mary Lau

Action: Passed Unanimously

15. Next Board Meeting:

October 13-14, 2010 – Las Vegas, Nevada

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

Liz Macmenamin appeared and advised that she was looking for volunteers for the second prescription drug roundup in conjunction with law enforcement. There will be five locations in the North that need to be manned with a pharmacist on September 25, 2010 between 8:30 a.m. and 2:00 p.m.

Mack Venzon, from the Reno Police Department, appeared and discussed the benefits of the prescription drug round up, and again noted the date and times of the round-up in Reno. The Board asked about a roundup in the South and it was determined that it was a statewide program. Mr. Venzon advised that he would contact his counterparts in Las Vegas to ensure the word is getting out for the roundup in that area.

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

FACILITY INFORMATION

Facility Name: Comfort Medical Supply, LLC

Physical Address: 615 S. Younge Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 615 S. Younge St

City: Ormond Beach State: FL Zip Code: 32174

Telephone Number: (386) 673-6902 Fax Number: (386) 673-6976

E-mail: cdaley@comfortmedicalsupplyllc.com Website: comfortmedsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 5³⁰p Tue: 9a to 5³⁰p Wed: 9a to 5³⁰p Thu: 9a to 5:30p
Fri: 9a to 5³⁰p Sat: closed Sun: closed Holidays: closed

FACILITY ADMINISTRATOR INFORMATION) (Person who is on site on a daily basis.)

Name: Craig Daley

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☒ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- ☒ Other: Durable Medical Equipment

** 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: _____

55018
1169

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 X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: IDEV TECHNOLOGIES, INC.

Physical Address: 253 MEDICAL CENTER BLVD., WEBSTER, TX 77598
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 253 MEDICAL CENTER BLVD.

City: WEBSTER State: TX Zip Code: 77598

Telephone Number: (281) 525-2000 Fax Number: (281) 525-2001

E-mail: DGARNER@IDEVMD.COM Website: WWW.IDEVM.D.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8a to 5p Sat: closed to Sun: closed to Holidays: closed to

FACILITY ADMINISTRATOR INFORMATION

Name: CHARLES TRIBIE

Address: 253 MEDICAL CENTER BLVD.

City: WEBSTER State: TX Zip Code: 77598

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

- ☐ Medical Gases
- ☐ Respiratory Equipment
- ☐ Life-sustaining equipment
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment
- ☐ Orthotics and Prosthesis
- Other: BILIARY STENTS

Board Use Only

Received

SEP 08 2010

Check Number 1012

Amount 500.00

54742
1158

NEVADA STATE BOARD OF PHARMACY

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

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

FACILITY INFORMATION

Facility Name: FISHER & PAYKEL HEALTHCARE, INC.

Physical Address: 15305 BARRANCA PARKWAY
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: IRVINE State: CA Zip Code: 92618

Telephone Number: 949-453-4000 Fax Number: 949-453-4091

E-mail: PETER.HERNANDEZ@FPHCARE.COM Website: WWW.FPHCARE.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8a to 5p Tue: 8a to 5p Wed: 8a to 5p Thu: 8a to 5p
Fri: 8a to 5p Sat: 0 to 0 Sun: 0 to 0 Holidays: 0 to 0

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

Name: ALDO SOTO

Address: 15305 BARRANCA PARKWAY

City: IRVINE State: CA Zip Code: 92618

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

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

** 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: _____

54974
11/08

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: KCI USA, Inc.

Physical Address: 1761 South 900 West Salt Lake City, UT 84104

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

Mailing Address: 8023 Vantage Drive, Attn: HCC

City: San Antonio State: TX Zip Code: 78230

Telephone Number: (801) 973-4940 Fax Number: (801) 973-4962

E-mail: Minerva.Mendoza@kcil.com Website: www.kcil.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: 24 hour on call services

Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Laurie A. Pearson

Address: 1761 South 900 West

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

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 | Wound V.A.C. (Vacuum Assisted Closure) |

** 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: KCI USA, Inc. Telephone: (800) 275-4524

54964
1165

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: LIFE CARE DIABETIC SUPPLIES, INC

Physical Address: 840 JUPITER PARK DRIVE, SUITES 101 & 106

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

JUPITER, FL. 33458

Mailing Address: P.O. BOX 641

City: JUPITER State: FL Zip Code: 33468

Telephone Number: 561-745-7338 Fax Number: 561-427-6427

E-mail: BJacoby@LIFECARE Website: www.LifeCareDiabetic
DiabeticSupplies.com Supplies.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm

Fri: 9am to 5pm Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Bibby D. Jacoby

Address: P.O. BOX 641

City: JUPITER State: FL Zip Code: 33468

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- ☒ Other: Durable Medical Equipment

** 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. ALL THE ITEMS THAT WE SELL ARE NON-LIFE SUPPORTING

Name: Bibby D. Jacoby Telephone: 561-745-7338 Page 1-2010

54741
1159

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

DJLW Health Services, Inc

Facility Name: DBA: McCleve Orthotics & Prosthetics, Inc.

Physical Address: 5432 E. Southern #106, Mesa, AZ 85206
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5432 E. Southern #106, Mesa, AZ 85206

City: Mesa State: AZ Zip Code: 85206

Telephone Number: 480-981-6767 Fax Number: 480-802-2330

E-mail: Connie@mcclveop.com Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9 to 5 Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Joyce McCleve

Address: 5432 E. Southern #106

City: Mesa State: AZ Zip Code: 85206

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 Prosthetics
- ☐ Other:

** 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. N/A

Name: N/A Telephone:

54965
1166

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: PRAXAIR Healthcare Services, Inc.

Physical Address: 987 N. Main, STE 5
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3220 Dalworth St. Arlington, TX 76011 Attn: JUL DA

City: Cedar City State: UT Zip Code: 84720

Telephone Number: 435-586-0379 Fax Number: 435-586-9021

E-mail: N/A Website: WWW.PRAXAIR.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8a to 5p Tue: 8a to 5p Wed: 8a to 5p Thu: 8a to 5p
Fri: 8a to 5p Sat: X to Sun: X to Holidays: X to on call

FACILITY ADMINISTRATOR INFORMATION

Name: John Fairbanks

Address: 987 N. Main, STE 5

City: Cedar City State: UT Zip Code: 84720

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" 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 local contact.

Name: On Call Telephone: 435-586-0379 Page 1-2010

54798

1162

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: Praxair Healthcare Services

Physical Address: 235 E. 6100 S. Salt Lake City, UT 84107
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Julie Davis 3220 Dalworth St.

City: Arlington State: TX Zip Code: 76011

Telephone Number: 801-261-5100 Fax Number: 801-262-5345

E-mail: N/A Website: WWW.Praxair.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8a to 6p Tue: 8a to 6p Wed: 8a to 6p Thu: 8a to 6p
Fri: 8a to 6p Sat: N/A to Sun: N/A to Holidays: to on call

FACILITY ADMINISTRATOR INFORMATION

Name: Charles Barkley

Address: 235 E. 6100 S. Salt

City: Salt Lake City State: UT Zip Code: 84107

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" 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 local contact.

Name: Praxair On Call Telephone: 801-261-5100 Page 1-2010

54797
11123

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

GENERAL INFORMATION

Pharmacy Name: AVACARE, INC.
Physical Address: 7355 WEST FRIENDLY AVENUE SUITE E
Mailing Address: 7355 WEST FRIENDLY AVENUE SUITE E
City: GREENSBORO State: NC Zip Code: 27410
Telephone Number: 336-294-1044 Fax Number: 336-294-5667
Toll Free Number: 866-794-1044
E-mail: JEREMYP@AVACARE.BIZ Website: WWW.AVACARE.BIZ
Managing Pharmacist: JEREMY PATTERSON, PHARMD License Number: 16070

Hours of Operation:

Monday thru Friday 9:00 am 6:00 pm EST Saturday CLOSED am pm
Sunday CLOSED am pm 24 Hours YES -Call Center

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|---|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds <u> </u>) | <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: SEP 21 2010 Check Number: 210 Amount: 500-

54985
3105

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 02123)

GENERAL INFORMATION

Pharmacy Name: CuraScript, Inc. dba CuraScript SP Specialty Pharmacy

Physical Address: 2825 W. Perimeter Road-Ste 112; Indianapolis, IN 46241

Mailing Address: 2825 W. Perimeter Road-Ste 112; Indianapolis IN 46241

City: Indianapolis State: IN Zip Code: 46241

Telephone Number: 317-240-8500 Fax Number: 800-824-2642

Toll Free Number: 800-870-6419

E-mail: bdburdker@express-scripts.com Website: www.curascript.com

Managing Pharmacist: Brady Buroker License Number: 26022805A

Hours of Operation:

Monday thru Friday 8 am 10 pm Saturday Closed am _____ 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: _____ Check Number: 308 Amount: 500.00

55063
3121

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: Dialysis Clinic, Inc. DBA DCI Pharmacy Services

Physical Address: 2911 Foster Creighton Dr., Nashville, TN 37204

Mailing Address: Same

City: Nashville State: TN Zip Code: 37204

Telephone Number: 615-259-2426 Fax Number: 615-259-2862

Toll Free Number: 800-203-4570

E-mail: mike.dickenson@dcinc.org Website: _____

Managing Pharmacist: Mike Dickenson License Number: TN-4382

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
Sunday _____ 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: SEP 08 2010 Check Number: 579 Amount: 500.00

54749
3093

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: Main Street Family Pharmacy, LLC
Physical Address: 126 East Main Street, Newbern, TN 38059
Mailing Address: 126 East Main Street, Newbern, TN 38059
City: Newbern State: TN Zip Code: 38059
Telephone Number: 731-627-2221 Fax Number: 731-627-6152
Toll Free Number: 888-658-6200
E-mail: cnewbaker1@bellsouth.net Website: n/a
Managing Pharmacist: Christy R. Newbaker, Pharm D License Number: TN 9489

Hours of Operation:

Monday thru Friday 8:30 am 6:00 pm Saturday 8:30 am 12 noon 5:00 pm
Sunday On Call am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" 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: SEP 21 2010 Check Number: 753 Amount: \$500

54986
3106

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: Oncosource Rx LLC
Physical Address: 7172 Columbia Gateway Drive
Mailing Address: SAME AS ABOVE
City: Columbia State: MD Zip Code: 21046
Telephone Number: 888-662-6779 Fax Number: 877-800-4790
Toll Free Number: 888-662-6779
E-mail: rburru@oncosourcex.com Website: www.oncosourcex.com
Managing Pharmacist: Royce A. Burruss License Number: _____

Hours of Operation:

Monday thru Friday 8:30am 5:00pm
Sunday Peram Perpm
Saturday Peram Perpm
24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" 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: SEP 03 2010 Check Number: 423 Amount: 500.00

54750
3092

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: Northwest Health Systems, Inc
Physical Address: 1011 East Second Ave Suite 6
Mailing Address: 1011 East Second Ave Suite 6
City: Spokane State: WA Zip Code: 99202
Telephone Number: 509 744-9891 Fax Number: 509 742-3494
Toll Free Number: FAX: 888-854-7535 Phone: 800-713-4189
E-mail: hoper@nwhsrx.com Website: NWHSRX.com
Managing Pharmacist: Melanie S Ostman License Number: PH 60009852

Hours of Operation:

Monday thru Friday _____am _____pm
Saturday _____am _____pm
Sunday _____am _____pm
24 Hours X

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: SEP 21 2010 Check Number: 281 Amount: 500-

54963
3108

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: Pharmacy Services Inc.
Physical Address: 212 Millwell Drive, Suite A St. Louis, MO 63043
Mailing Address: 212 Millwell Drive, Suite A
City: St. Louis State: MO Zip Code: 63043
Telephone Number: 877-480-4987 Fax Number: 877-480-4986
Toll Free Number: 877-480-4987
E-mail: pharmacy services inc@gmail.com Website: none
Managing Pharmacist: Marlene Wilson, Pharm.D. License Number: 044866

Hours of Operation:

Monday thru Friday 9 am 6 pm CT Saturday 9 am 1 pm C
Sunday _____ am _____ pm emergency phone only
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: SEP 08 2010 Check Number: 1038 Amount: 500.00

54748
3094

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
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 Pharmacy X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Pet's Choice Pharmacy
Physical Address: 714 5th St
Mailing Address: 714 5th St
City: Fairbury State: NE Zip Code: 68352
Telephone Number: 402.729.3579 Fax Number: 800.787.1177
Toll Free Number: 877.374.4849
E-mail: pharmacy@petschoicepharmacy.com Website: www.lambertvetsupply.com
Managing Pharmacist: Brandon Bleich License Number: 11750

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 10 am 1 pm
Sunday _____ 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 Prescription Pet Needs

Board Use Only

Received: SEP 03 2010 Check Number: 527 Amount: 500.⁰⁰

54751
3091

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: Valley Vet Supply

Physical Address: 1118 Pony Express Hwy.

Mailing Address: P.O. Box 504

City: Marysville State: KS Zip Code: 66508

Telephone Number: 785-562-5106 Fax Number: 800-419-9522

Toll Free Number: 800-898-8026

E-mail: larryl@valleyvet.com Website: _____

Managing Pharmacist: Larry Leseberg License Number: KS-09636

Hours of Operation:

Monday thru Friday 8 am 5 pm

Saturday ----- am ----- pm

Sunday ----- 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: SEP 27 2010 Check Number: 912 Amount: 500.00

55047
3116

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: Exel Inc

Physical Address: 620 East Trimble Rd

Mailing Address: same

City: San Jose State: CA Zip Code: 95131

Telephone Number: 916-300-5971 Fax Number: _____

Toll Free Number: n/a

E-mail: Jeff.Tisdale@exel.com Website: www.exel.com

Facility Manager: Jeff Tisdale

Professional qualifications and experience of facility manager: facility manager oversees all day to day operations at the facility and has been with Exel for 11 years

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: SEP 03 2010 Check Number: 224 Amount: 500.00

54746
1957

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: Global Pharmaceuticals Division of Impex Laboratories, Inc.

Physical Address: 121 New Britain Boulevard, Chalfont, PA 18914

Mailing Address: 121 New Britain Boulevard

City: Chalfont State: PA Zip Code: 18914

Telephone Number: 215-933-0323 Fax Number: 215-289-2223

Toll Free Number: N/A

E-mail: Impexlabs.com Website: Impex Labs

Facility Manager: Larry Glenn

Professional qualifications and experience of facility manager: 20 years at current job

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: SEP 08 2010 Check Number: 584 Amount: 500.00

PT

54743
1960

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 <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: Hospira Worldwide, Inc. c/o Aspen Logistics, Inc.

Physical Address: 1711 South 4650 West Salt Lake City, UT. 84104

Mailing Address: 275 N. Field drive D-283 Hwi

City: Lake Forest State: IL Zip Code: 60045

Telephone Number: 262-577-6099 Fax Number: 262-577-6928

Toll Free Number: _____

E-mail: Wesley.Davis@hospira.com Website: WWW.Hospira.com

Facility Manager: Gary Barfuss

Professional qualifications and experience of facility manager: Garry Barfuss
General Manager

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: 9-8-10 Check Number: 822 Amount: 500-

10K

54991
1963

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE 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: KV Pharmaceutical Company

Physical Address: One Corporate Woods Drive

Mailing Address: same as above

City: Bridgeton State: MO Zip Code: 63044

Telephone Number: 314-645-6600 Fax Number: 314-646-3780

Toll Free Number: _____

E-mail: JHishon@kvph.com Website: www.kvph.com

Facility Manager: John "Jack" Hishon

Professional qualifications and experience of facility manager: Please see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☒ Yes ☐ No, If yes include a copy of the FDA registration.

Board Use Only

Received: SEP 08 2010 Check Number: 466 Amount: 500.00

PT

54745
1958

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: Maxim Health Systems, LLC

Physical Address: 7221 Lee DeForest Dr.

Mailing Address: same as above

City: Columbia State: MD Zip Code: 21046

Telephone Number: 410-910-1381 Fax Number: 410-910-1720

Toll Free Number: 866-452-7279

E-mail: spellit@maxhealth.com Website: www.findaflushot.com

Facility Manager: Kehinde Bankole

Professional qualifications and experience of facility manager: Ms. Bankole is sufficiently licensed by the Maryland Board of Pharmacy . 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: SEP 29 2010 Check Number: 527 Amount: 500

55061
1974

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Medline Industries Holdings, LP

Physical Address: 4800 East Valley Highway, Sumner, WA

Mailing Address: One Medline Place

City: Mundelein State: IL Zip Code: 60060

Telephone Number: 253-891-3779 Fax Number: 253-891-0162

Toll Free Number: 1-800-MEDLINE (1-800-633-5463)

E-mail: dwalfe@medline.com Website: www.medline.com

Facility Manager: Harry Hays

Professional qualifications and experience of facility manager: Please see attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Nursing Homes, surgery centers

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: SEP 03 2010 Check Number: 185 Amount: 500-

UAWD

54747
1956

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE 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 XX Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Nesher Pharmaceuticals, Inc.

Physical Address: 3100 Corporate Exchange Court

Mailing Address: One Corporate Woods Drive

City: Bridgeton, State: Missouri Zip Code: 63044

Telephone Number: 314-645-6600 Fax Number: 314-646-3780

Toll Free Number: N/A

E-mail: jjablonski@kvph.com Website: N/A

Facility Manager: William A. Smith

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: _____

Board Use Only

Received: SEP 08 2010 Check Number: 540 Amount: 500.00

PT

54744
1959

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

GENERAL INFORMATION

Facility Name: Nesher Pharmaceuticals, Inc.

Physical Address: One Corporate Woods Drive

Mailing Address: One Corporate Woods Drive

City: Bridgeton State: Missouri Zip Code: 63044

Telephone Number: 314-645-6600 Fax Number: 314-646-3780

Toll Free Number: N/A

E-mail: jjablonski@kvph.com

Website: N/A

Facility Manager: William A. Smith

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: _____

Board Use Only

Received: 4-13-10 Check Number: 541 Amount: 500-

10K

54793
File

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: PediatRx, Inc.
Physical Address: 405 Trimmer Road, Suite 200, Califon, NJ 07830
Mailing Address: P.O. Box 423
City: Califon State: NJ Zip Code: 07830
Telephone Number: 908-672-9908 Fax Number: n/a
Toll Free Number: n/a
E-mail: cdurrant@pediatrx.com Website: www.pediatrx.com
Facility Manager: Cameron Durrant

Professional qualifications and experience of facility manager: 20 years executive experience in the pharmaceutical industry with focus on commercialization, marketing, operations including 4 years as CEO. M.D., MBA.

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: SEP 9 1 2010 Check Number: 937 Amount: 500-

54966
1964

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE 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: Ther-Rx Corporation

Physical Address: One Corporate Woods Drive

Mailing Address: One Corporate Woods Drive

City: Bridgeton State: Missouri Zip Code: 63044

Telephone Number: 314-645-6600 Fax Number: 314-646-3780

Toll Free Number: _____

E-mail: jjablonski@kvph.com Website: www.THER-RX.com

Facility Manager: Steve Wilburn

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: _____

Board Use Only

Received: SEP 21 2010 Check Number: 542 Amount: 500-

PT

54971
1965

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: Tri-anim Health Services, Inc.

Physical Address: 2241 North Plaza Drive, Visalia, CA 93291

Mailing Address: 5000 Tuttle Crossing Blvd., Dublin, OH 43016

City: Dublin State: OH Zip Code: 43016

Telephone Number: 559-651-1595 Fax Number: 877-842-0349

Regulatory Affairs
Toll Free Number: 614-760-5021

E-mail: Regulatory@Sarnova.com Website: www.Tri-anim.com

Facility Manager: Vernon Burkett

Professional qualifications and experience of facility manager: refer to attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

☒ Hypodermic Devices

☐ Veterinary Legend Drugs

☐ Parenterals

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration. Wholesale distribution only - not a manufacturer.

Board Use Only

Received: SEP 27 2010 Check Number: 703 Amount: 500

55046
A67

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: Woodfield Distribution, LLC

Physical Address: 951 Clark Moore Road, Suite A, Bonanza, FL 33487

Mailing Address: <same as above>

City: _____ State: _____ Zip Code: _____

Telephone Number: (561) 998-3885 Fax Number: (561) 998-3886

Toll Free Number: N/A

E-mail: ARWSDORF@UDSRX.COM Website: www.udsrx.com

Facility Manager: Adam RWSORF

Professional qualifications and experience of facility manager: Executive Healthcare Rep

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Retail Distribution Centers

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: SEP 29 2010 Check Number: 2077 Amount: 500.00

55062
1973

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 X Name Change X Location Change _____
(Please provide current license number if making changes: PH01993)

GENERAL INFORMATION

Pharmacy Name: Int. View Pharmacy

Physical Address: 3150 N. Genaya Way Suite 170

Mailing Address: 3150 N. Genaya Way Suite 170

City: Las Vegas State: NV Zip Code: 89128

Telephone Number: 702 360-5310 Fax Number: 702 360-4025

Toll Free Number: NONE

E-mail: MTV Pharmacy@yahoo.com Website: NONE

Managing Pharmacist: Paul Rainer License Number: PH01993

Hours of Operation:

Monday thru Friday 9 am 5 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

Board Use Only

Received: SEP 20 2010 Check Number: 159 Amount: 500

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 _____)

GENERAL INFORMATION

Pharmacy Name: Western Home Care
Physical Address: 4035 E. Post Rd
Mailing Address: Same as above
City: Las Vegas State: NV Zip Code: 89120
Telephone Number: 702 262 5500 Fax Number: 702 262 9997
Toll Free Number: 866-373-1860
E-mail: info@westernhomecare.com Website: www.westernhomecare.com
Managing Pharmacist: William Rotner License Number: 17899

Hours of Operation:

Monday thru Friday 8 am 6 pm Saturday ON CALL am _____ pm
Sunday ON CALL am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

Board Use Only

Received: SEP 29 2010 Check Number: 778 Amount: 500

55064
3119

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

PATRICK J. CUNNINGHAM, R.PH,
Certificate of Registration No. 08696,
Respondent.

NOTICE OF INTENDED ACTION
AND ACCUSATION
Case No. 10-054-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 Cunningham is a registered pharmacist with the Board.

II.

On or about June 18, 2010 Board staff received a letter from Theresa M. Nolan, Director of Regulatory Compliance for Sunrise Hospital and Medical Center notifying the Board that Sunrise Hospital and Medical Center had terminated the employment of Mr. Cunningham.

III.

Mr. Cunningham was observed by pharmacy staff staggering while on duty in his capacity as a pharmacist. A toxicology screening was ordered and Mr. Cunningham was released to family members and advised not to return to work until the results of the screening were received. On June 15, 2010 the toxicology results were received and showed Mr. Cunningham had tested positive for alcohol in the amount of 0.42 g/dL. Mr. Cunningham's employment was terminated on June 15, 2010.

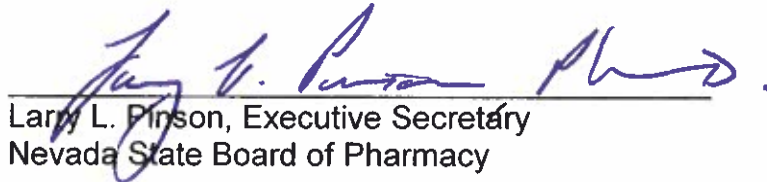
FIRST CAUSE OF ACTION

IV.

By being under the influence of alcohol while on duty as a pharmacist at Sunrise Hospital and Medical Center pharmacy, Mr. Cunningham violated Nevada Revised Statute (NRS) 639.210(3) and (4) and 639.283 and Nevada Administrative Code (NAC) 639.945(1)(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 24th 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 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, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**PATRICK J. CUNNINGHAM, R.PH
Certificate of Registration No. 08696,**

Case No. 10-054-PRH-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, October 13, 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 24th 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,

Case No. 10-054-RPH-S

v.

ANSWER AND NOTICE
OF DEFENSE

PATRICK J. CUNNINGHAM, R.PH
Certificate of Registration No. 08696,

 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 2 day of 7/14/10, 2010.



Patrick J. Cunningham, R.Ph

July 2, 2010

Dr. Mr. Larry Pinson , and the Board of Pharmacy, I offer you a sincere apology for my behavior. The year 2010 has been a very difficult time for me.

- a. My best friend at Sunrise Hospital died of colon cancer it was a very difficult process which I was closely involved.
- b. My best man at my wedding and my closest friend is in late stages of ALS and can no longer feed himself. This too has been trying since we grew up together.

I had friends come into town to help and being >50 years old I make a mistake to think I could stay out late.

I should have have called in sick, but I hate to call in on Sundays. This action cost myself and family dearly.

Blood alcohol was 0.4.

I have performed over > 25 years of service for the profession of pharmacy and wish to continue.

Sincerely,

Patrick Cunningham

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**CORNELIUS N. MURRAY, P.T.
Certificate of Registration No.: PT11021**

Case No. 10-051-PT-S

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 Murray is a registered pharmacy technician with the Board.

II.

On May 20, 2010, the Nevada State Board of Pharmacy received notice from Walgreens loss prevention supervisor Mary Curran that Cornelius N. Murray's employment as a pharmaceutical technician was terminated due to cash theft from the pharmacy. As part of Walgreens' investigation, Mr. Murray submitted a written statement and admitted to taking \$365.00 in cash during the months of March and April 2010. Pharmacy video was reviewed by store personnel and they viewed Mr. Murray ring up a sale for syringes, totaling \$4.31. The patient paid with a \$100.00 bill. Mr. Murray gave the patient change of \$95.69 and kept the \$100.00 bill.

FIRST CAUSE OF ACTION

III.

In taking cash from her employer, Mr. Murray violated Nevada Revised Statutes (NRS) 639.210(1) and (4) and Nevada Administrative Code (NAC) 639.945(1)(h) and (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 24th 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**

**CORNELIUS N. MURRAY, P.T.
Certificate of Registration No. PT11021,**

Case No. 10-051-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, October 13, 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 24th 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**

CORNELIUS N. MURRAY, P.T.
Certificate of Registration No.: PT11021

Case No. 10-051-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 28 day of June, 2010.



Cornelius N. Murray, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**BRANDI M. THOMPSON, PT
Certificate of Registration No. PT08927,**

Case No. 10-055-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 Thompson is a registered pharmaceutical technician with the Board.

II.

On or about June 23, 2010, Board staff was notified that Ms. Thompson had been terminated from employment as a pharmaceutical technician at Smith's Pharmacy #311 located at 8050 South Rainbow Boulevard in Las Vegas. An internal investigation into the loss of hydrocodone/APAP 10/325 had been ongoing for several months. On June 9, 2010, the managing pharmacist noticed that there were two stock bottles of hydrocodone/APAP 10/325 missing. Ms. Thompson had been suspected because she had been making adjustments to the records for hydrocodone/APAP 10/325 for several months. The managing pharmacist immediately contacted the district pharmacy supervisor and asked what he should do since Ms. Thompson was still present in the pharmacy. The district pharmacy supervisor and Smith's management personnel questioned Ms. Thompson and she admitted that she had been taking large quantities

of hydrocodone 10/325 for her and her husband's personal use. Ms. Thompson admitted in a written statement that she had taken two stock bottles of 100 that day. She produced them from under her skirt and relinquished them to Smith's personnel. Reports were run and Smith's pharmacy personnel determined that they were short approximately 3,900 dosage units since July, 2009.


FIRST CAUSE OF ACTION

III.

In removing controlled substances, namely hydrocodone/APAP 10/325 tablets, without a prescription therefore, Ms. Thompson 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 25th 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**

**BRANDI M. THOMPSON, PT
Certificate of Registration No. PT08927,**

Case No. 10-055-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, October 13, 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 25th 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**

**BRANDI M. THOMPSON, PT
Certificate of Registration No. PT08927,**

Case No. 10-055-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.

Brandi M. Thompson, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**TIMOTHY ANTHONY LOPEZ, R.Ph.
Certificate of Registration No: # 13312**

Case No. 09-122-RPH-S

**APPLIED PHARMACY SERVICES, LLC
dba, REMEDY RX,
Certificate of Registration No: PH01518,**

Case No. 09-122-PH-S

Respondents.

_____/

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 Timothy A. Lopez is a pharmacist licensed by the Board and Respondent Applied Pharmacy Services, LLC, dba Remedy RX (Remedy), is a pharmacy licensed by the Board, located at 6370 West Flamingo Road, Suite #1, in Las Vegas, Nevada. At all times relevant to this matter, Respondent Lopez was the managing pharmacist for Remedy.

II.

In July of 2009, Nevada Board of Pharmacy Staff (Staff) initiated an investigation into whether Mr. Lopez, the owner/operator of Remedy, and Remedy were operating as an unlicensed wholesaler or manufacturer in providing prescription drugs to physicians'

offices and other medical facilities. When the investigation began, Remedy was named and doing business as Applied Pharmacy Services, LLC. Remedy is not a licensed wholesaler or manufacturer in the state of Nevada.

III.

On September 16, 2009, Board staff contacted Mr. Lopez at Remedy. The first document requested was the current biennial inventory for Remedy. Mr. Lopez was not able to locate the document because he did not have a current biennial inventory. The last completed inventory was done on May 19, 2007. The current biennial inventory should have been completed on or before May 19, 2009. Thereafter, Mr. Lopez completed the biennial inventory for Remedy on September 16, 2009 and faxed the report to the Board on September 17, 2009.

IV.

Board staff noted that expired compounded drugs were found in a refrigeration unit located within Remedy. Board staff immediately had Mr. Lopez remove the expired drugs for destruction and documented the following medications with the signed and dated Notice To Destroy:

- a. Triest/Progesterone Oil Cap 3.75mg/100 mg #200 expired 07/09
- b. Triest/Progesterone Oil Cap 3.75mg/100 mg #30 expired 07/09
- c. Progesterone Oil 50 mg #15 expired 07/09
- d. Progesterone Oil 100 mg #150 expired 07/09
- e. Trimix Formula 9C PGF 120 mg, PHENS 2 mg, PAP 30 mg #15ml expired 07/09
- f. Trimix Formula 9C #20ml expired 07/09

V.

On September 16, 2009, Board Staff conducted an on-site audit of the inventory for several drugs for the time period January 1, 2009 to September 16, 2009. The audit of the inventory revealed the sales of drugs to physicians for the following drugs:

a. Pregnyl 10,000u (HCG) - Approximately 16% of sales were to clinics (36 vials per invoice). All 36 vials were sold to All American Surgical, 2911 N. Tenaya #104, Las Vegas, Nevada 89128.

b. Ominitrope 5.8 mg (HGH)- Approximately 21% of sales were to clinics (186 vials per invoice), including Intergrated Medicine & Nutrition, 495 Main St., Mt. Kisco, New York 10549 (25 vials); HF Medical, 2677 NE 203 St, Ste. 101, Aventura, Florida 33180 (5 vials); and High Crest Health, 50 Fairfield Rd, Fairfield, New Jersey 07004 (66 vials). The remaining 90 vials were sold to various local physicians' offices purportedly by prescriptions, but the sales were to physicians offices, not to specific patients.

c. Tev-Tropin 5 mg (HGH) - 74% of sales were to clinics (88 vials per invoice), including Las Vegas Institute of Preventive Medicine, 5641 Shuttle Ct., Las Vegas, Nevada (84 vials); and Integrated Medicine and Nutrition, 495 Main St., Mt. Kisco, New York 10549 (4 vials).

d. Tri-Mix - 44% of compounded sales were sold to Maximum Performance (145 vials per invoice), 6380 W. Flamingo, Las Vegas, Nevada 89103.

e. Propofol - 100% of purchases were sold to Conrad Murray, M.D., of Global Cardiovascular Associates and were shipped to Santa Monica, California (255 vials).

VI.

On August 20, 2009, William Weber, Corporate Security of Teva Pharmaceuticals (hereinafter "Teva"), notified the Board's Staff that the Las Vegas Institute of Preventive Medicine (LVIOPM), located at 5641 Shuttle Ct., in Las Vegas, Nevada, had been under surveillance by corporate officials as Teva had become aware that Las Vegas Institute of Preventive Medicine had a website, www.lasvegasiopm.com, advertising Teva's Tev-Tropin as an anti-aging treatment in violation of FDA regulations. Tev-Tropin is only to be used for treatment of children with rare growth deficiencies. Prescribing for other purposes constitutes a felony criminal offense under federal law.

VII.

LVIOPM sells Teva's Tev-Tropin as an anti-aging treatment for adults. Through its website, LVIOPM offered Tev-Tropin for sale after the customer paid a fee, completed an on-line medical survey, and supplied blood test results. The website listed the address for the Las Vegas Institute of Preventive Medicine as 5641 Shuttle Ct., Las Vegas, Nevada, which was and is the private residence owned by Thomas J. Brumfield, M.D. and his wife Linda Brumfield.

VIII.

Board Staff had previous dealings with Dr. Brumfield and Mrs. Brumfield. On June 10, 2008, the Nevada State Board of Pharmacy issued a Notice of Immediate and Temporary Suspension of Dispensing Practitioner's License, Thomas J. Brumfield, M.D. 5641 Shuttle Court, Las Vegas, Nevada 89103-2388, Registration CS05291-D for his creating, maintaining and conducting a practice at that address and his use of a website from which he advertised the sale of Human Growth Hormone (HGH) and, in

particular, one brand of HGH called Tev-Tropin 5 mg vials for anti-aging treatments. HGH in Nevada is a controlled substance. On July 2, 2008, Dr. Brumfield surrendered his dispensing license, CS05291-D to the Board. Dr. Brumfield died on October 12, 2008.

IX.

Linda Brumfield, nor any other person, holds a license or registration at 5641 Shuttle Court, Las Vegas, Nevada, that would legally authorize the possession, administration or distribution of controlled substances, including HGH,

X.

On April 14, 2009, a prescription with the patient's name of "Las Vegas Institute of Preventive Medicine" for 24 vials of Tev-Tropin 5 mg with five refills was filled by Remedy (Rx # 6636158). The prescription indicated it was presented or called in by "Linda/Dickson." The signature of the person who signed for the drugs is not legible, but the sales receipt 24648 shows that the drug was sold to Las Vegas Institute of Preventative Medicine by Remedy and dispensed by Respondent Lopez to Dr. Kodwo Dickson at 5641 Shuttle Court, Las Vegas, Nevada, Linda Brumfield's private residence. Dr. Dickson is not licensed or registered as a dispensing practitioner in Nevada, and he is not licensed or registered in any capacity at 5641 Shuttle Court, Las Vegas, Nevada.

XI.

On May 28, 2009, Rx # 6636158 was refilled with 12 vials of Tev-Tropin 5 mg. and dispensed to Linda Brumfield of the Las Vegas Institute of Preventative Medicine by Remedy and Respondent Lopez on May 29, 2009.

XII.

On June 12, 2009, Rx # 6636158 was refilled with 12 vials of Tev-Tropin 5 mg and dispensed to Linda Brumfield by Remedy and Respondent Lopez on June 16, 2009.

XIII.

On July 24, 2009, Rx # 6636158 was refilled with 12 vials of Tev-Tropin 5 mg and dispensed to Linda Brumfield by Remedy and pharmacist "RDB" on July 24, 2009.

XIV.

On August 4, 2009, Rx # 6636158 was refilled with 12 vials of Tev-Tropin 5 mg and dispensed to Linda Brumfield by Remedy and Respondent Lopez on August 5, 2009.

XV.

On September 14, 2009, Rx # 6636158 was refilled with 12 vials of Tev-Tropin 5 mg and dispensed to Linda Brumfield by Remedy and Respondent Lopez on September 15, 2009.

XVI.

On September 29, 2009, a Refill Authorization Request was sent to Dr. Kodwo Dickson for the patient "Las Vegas Institute of Preventive Medicine", with the address of 5641 Shuttle Court, Las Vegas, Nevada, with directions for use "For Office Use." A handwritten note appears that "OK x 1 #12 per Linda." This refill authorization was subsequently filled by Remedy and Respondent Lopez (Rx # 4420110) for 12 vials of Tev-Tropin 5 mg. and was picked up and paid for by Linda Brumfield.

XVII.

On September 12, 2009, Green Valley Drugs employee Scott Schumaker went to Peak Performance Medical Center in San Diego, California, with Brad Echart the administrator of the center and picked up 370 vials of Tri-Mix. All vials were inventoried by Green Valley Drug, and Board Staff was notified. The compounding pharmacy of the 370 vials that were transported from San Diego was thought to be Remedy with Respondent Lopez the pharmacist who compounded the medication. Board Staff took a picture of one of the vials and was able to verify that the product had been originally prepared by Remedy. The inventory list as provided by Green Valley of the 370 vials shows as follows:

- a. PGE 60 mcg/lml, quantity 13, lot number 05262009:ash, expiration 11/2009
- b. Tri-mix Formula 9c, quantity 3, lot number 07102009:ash, expiration 12/2009
- c. Tri-mix Formula 105, quantity 48, lot number 06192009:ash, expiration 12/2009
- d. Tri-mix Formula 106, quantity 25, lot number 06182009:ash, expiration 12/2009
- e. Quad Mix Formula, quantity 8, lot number 05212009:ash, expiration 11/2009
- f. PGE 40 mcg/lml, quantity 60, lot number 06192009:ash, expiration 12/2009
- g. PGE 80 mcg/lml, quantity 55, lot number 06192009:ash, expiration 12/2009
- h. Tri-mix Formula 9, quantity 59, lot number 06182009:ash, expiration 12/2009
- i. Tri-mix Formula 9a, quantity 43, lot number 06192009:ash, expiration 12/2009
- j. Tri-mix Formula 101, quantity 56, lot number 06192009:ash, expiration 12/2009

XVIII.

Respondent Lopez confirmed and provided worksheets for the inventoried vials but had no invoices for the sale of the vials. Respondent Lopez confirmed that he had

originally sold all vials to Maximum Performance Medical Center. Respondent Lopez denied selling the 370 vials to Peak Performance in San Diego.

FIRST CAUSE OF ACTION

XIX.

For failing to have current documentation of a biennial inventory as required by 21 CFR 1304.11, Respondents Timothy Lopez and Remedy have violated NRS 453.246 and/or 639.210(11) and/or NAC 639.945(1) (i).

SECOND CAUSE OF ACTION

XX.

For possessing expired pharmaceutical preparations, drugs or chemicals that are no longer safe or effective for use, as indicated by the expiration date appearing on its label, Respondents Timothy Lopez and Remedy violated NRS 639.282(1) (d) and/or 639.210(4) and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

XXI.

For acting as an unlicensed wholesaler by selling prescription drugs in bulk without patient specific prescription's. Respondents Timothy Lopez and Remedy violated 21 CFR § 205.3(f) (10) and (g), and/or NRS 639.0155(4) and/or 639.016 and/or and/or 639.100 and/or 639.210(4) and/or (13) and/or NAC 639.945(1) (i) and/or (k).

FOURTH CAUSE OF ACTION

XXII.

For causing controlled substances, namely Tev-Tropin, to be sold or delivered to LVIOPM which allowed or aided in the delivery of a controlled substance as an internet pharmacy that lacked appropriate licensure and or certification, Respondents Timothy

Lopez and Remedy violated NRS 453.3618 and/or NRS 453.3638(1) and/or NRS 639.210(4) and/or NRS 639.23288(1)(a) and/or NAC 639.426(1) and/or NAC 639.945(1)(g), (j) and/or (k).

FIFTH CAUSE OF ACTION

XXIII.

For acting as an unlicensed manufacturer without appropriate licensure and/or certification by making and selling prescription compounds to Maximum Performance, Respondents Timothy Lopez and Remedy violated NRS 639.009 and/or NRS 639.012 and/or NRS 639.0124 and or NRS 639.013 and/or NRS 639. 210(4) and/or NAC 639.757 and/or NAC 639.945(1)(i) and/or (j).


SIXTH CAUSE OF ACTION

XXIV.

For selling and shipping prescription drugs into four other states without valid licensure to do so, Respondents Timothy Lopez and Remedy violated NRS 639.210(4) and/or NAC 639.945(1) (i).

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

Signed this 5th 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 fifteen (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**

**TIMOTHY ANTHONY LOPEZ, R.Ph.
Certificate of Registration No: #, 13312**

Case No. 09-122-RPH-S

Respondent.

_____/

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

I.

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

II.

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


III.

The Board has reserved Thursday July 15, 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 5th day of June, 2010.



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

1 Kathleen M. Jones, Bar No. 06428
2 Kevin C. Murphy, Cal. Bar No. 10938
3 MURPHY JONES LLP
4 3960 Howard Hughes Parkway, Suite 500
5 Las Vegas, NV 89169
6 Tel.: (702) 990-3703, Fax: (702) 990-3713
7 Attorneys for RESPONDENT

8 BEFORE THE HONORABLE
9 NEVADA STATE BOARD OF PHARMACY

10 NEVADA STATE BOARD OF PHARMACY)
11 Petitioner,

12 v.

13 TIMOTHY ANTHONY LOPEZ, R.Ph
14 Certificate of Registration No: 13312
15 Respondent

Case No.: 09-122-RPH-S

NOTICE OF DEFENSE AND ANSWER TO
ACCUSATION

16
17 NOW APPEARS, TIMOTHY A. LOPEZ, the Respondent in the above entitled action,
18 and does hereby answer the Notice of Intended Action and Accusation against his certificate in
19 the above-entitled matter before the Nevada State Board of Pharmacy. Pursuant to Nevada
20 Revised Statutes (NRS) 622A.320 and NRS 639.244, this answering Respondent denies each
21 and every allegation of each and every cause of action of the unverified Accusation not
22 explicitly admitted herein.

23 Respondent requests that the Board take no action against Respondent's pharmacist
24 license and allow him to continue practicing pharmacology without conditions. There is no
25 evidence that the allegations forming the basis of the Accusation in any way impacted
26 Respondent's ability to render said services in a safe and competent manner.

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1 I.

2 **OBJECTIONS TO ACCUSATION**

3 Respondent objects to the Accusation against him in that the Accusation, in whole or in
4 part, fails to state facts upon which this agency may proceed, and; as to the form of the
5 accusation on the ground that it is so indefinite or uncertain that Respondent cannot identify
6 the transaction or prepare a defense. Any objections not explicitly made hereunder are hereby
7 reserved and objection made.

8 II.

9 **RESPONSE TO ACCUSATION ALLEGATIONS**

10 In response to the allegations espoused in the Accusation, Respondent admits, denies,
11 alleges and answers as follows:

12
13 **FIRST CAUSE OF ACTION – Failure to Maintain Documentation of Biennial Inventory.**

14 On or about August 11, 2009, Respondent's facility was subject to a Los Angeles Police
15 Department (LAPD) raid. At that time numerous documents, papers, tangible items and effects
16 were seized, taken and/or misplaced. Subsequent to the LAPD search, records,
17 documentation and medication were in complete disorder and disarray at the facility.
18 Respondent admits that he was unable to locate the biennial inventory in September 2009
19 upon the request of Nevada State Pharmacy Board officials, denies that said documentation
20 was not prepared and on file pursuant to NRS 453.246 prior to the LAPD search, and claims
21 that the documentation was either taken or misplaced during the search of the facility by the
22 LAPD.

23
24 **SECOND CAUSE OF ACTION – Possession of Expired Pharmaceuticals.**

25 On September 16, 2009, Respondent was found to have expired pharmaceuticals in the
26 back of a medicine storage refrigerator at his place of employment. The subject compounds
27 listed an expiration date of July 2009, only two months prior to their discovery and were
28 intentionally housed away from all other active medicines prior to their scheduled disposals.

1 Respondent admits that there were expired pharmaceuticals in the facility, denies that said
2 expired pharmaceuticals were intentionally housed or stored or retained past their expiration
3 period for any other reason than storage prior to disposal, and alleges that the delay to dispose
4 the expired pharmaceuticals resulted from the aforementioned LAPD facility search and
5 ensuing disruptions of business affairs caused by the police investigation. Respondent did not
6 have the intent to sell, offer or distribute the expired medicines pursuant to NRS 639.282(1)
7 and therefore did not violate Nevada law. Respondent further contends that the possession of
8 the expired pharmaceuticals was not substantially related to the qualifications, functions or
9 duties of a registered pharmacist, nor did said possession amount to a substantial degree of
10 present or potential unfitness of a pharmacist to practice in a manner consistent with the public
11 health, safety or welfare, and did not rise to the level of unprofessional conduct under NRS
12 639.210(4) or NAC 639.945(1).

13
14 THIRD CAUSE OF ACTION – Acting as an Unlicensed Wholesaler.

15 Respondent has allegedly subjected his pharmacy certificate to discipline by acting as a
16 unlicensed wholesaler in that Respondent sold more than ten (10) percent of specific
17 medications to facilities rather than specific patients. Respondent admits to distributing
18 medications to facilities, but reasonably believed that such conduct was appropriate and
19 justified under the “office use” safe harbor provisions of 21 CFR section 205.3(f)10 and in
20 accord with NRS 639.0155(3)(d) – (4), NRS 639.016 and NRS 639.100(1). Respondent further
21 contends that the sale of pharmaceuticals to other licensed facilities was not substantially
22 related to the qualifications, functions or duties of a registered pharmacist, nor did said sales
23 amount to a substantial degree of present or potential unfitness of a pharmacist to practice in a
24 manner consistent with the public health, safety or welfare, and did not rise to the level of
25 unprofessional conduct under NRS 639.210(4) or NAC 639.945(1)(i) or (k).

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1 FOURTH CAUSE OF ACTION – Delivery of Tev Tropin as Unlicensed Internet Pharmacy.

2 Respondent admits that he delivered Tev Tropin to the Las Vegas Institute of
3 Preventive Medicine in accord with 21 CFR section 205.3(f)10, denies that he was in any
4 capacity aware or informed of the internet sales practices of the facility in contravention of NRS
5 453.3618 or NRS 453.3638 or 639.23288(1)(a). Respondent contends that employees or
6 agents of the facilities referred to in the Accusation physically picked up the items, that
7 Respondent spoke with physicians at the facilities regarding the use of medications for
8 particular patients, and that Respondent had no knowledge of any wrongdoing by said
9 facilities. Respondent further contends that the sale of pharmaceuticals to a facility acting in its
10 sole discretion and control as an unlicensed internet pharmacy was not substantially related to
11 the qualifications, functions or duties of a registered pharmacist, nor did said delivery amount
12 to a substantial degree of present or potential unfitness of a pharmacist to practice in a manner
13 consistent with the public health, safety or welfare, and did not rise to the level of
14 unprofessional conduct under NRS 639.210(4) or NAC 639.945(1)(g),(j) and/or (k).

15
16 FIFTH CAUSE OF ACTION – Unlicensed Manufacture.

17 Respondent admits that he prepared various pharmaceuticals in accord with NRS
18 639.757, denies that he unlawfully prepared said pharmaceuticals in contravention of NRS
19 639.009 or NRS 639.012 or NRS 639.0124, and alleges that Respondent was deceived and
20 induced into preparing said pharmaceuticals on behalf of Maximum Performance. Respondent
21 prepared pharmaceuticals that were intended to be replacement medicines for previously sold
22 medications. Respondent further contends that the unlicensed manufacturing of
23 pharmaceuticals was not substantially related to the qualifications, functions or duties of a
24 registered pharmacist, nor did said conduct amount to a substantial degree of present or
25 potential unfitness of a pharmacist to practice in a manner consistent with the public health,
26 safety or welfare, and did not rise to the level of unprofessional conduct in accord with NRS
27 639.210(4), NAC 639.945(1)(g),(j) and/or (k).

28 ////

1 SIXTH CAUSE OF ACTION – Intra-state shipping of Prescription Pharmaceuticals.

2 Respondent denies that he shipped prescription drugs into four (4) other states
3 unlawfully. Respondent admits that he shipped to the states in question, that he had a valid
4 New York registration and obtained a valid New Jersey license upon becoming notified of the
5 change in law, and that he unintentionally failed to secure Florida registration. Respondent
6 sent prescription drugs to licensed Nevada physicians and/or facilities in California as
7 instructed. Respondent is presently licensed in Florida, New Jersey and California.
8 Respondent is not currently licensed in New York New York. Respondent contends that the
9 allegedly unlawful unlicensed intra-state shipment pharmaceuticals was not substantially
10 related to the qualifications, functions or duties of a registered pharmacist, nor did said conduct
11 amount to a substantial degree of present or potential unfitness of a pharmacist to practice in a
12 manner consistent with the public health, safety or welfare, and did not rise to the level of
13 unprofessional conduct in accord with NRS 639.210(4) or NAC 639.945(1)(i).

14
15 **III.**

16 **CONCLUSION**

17 Respondent respectfully requests that the Accusation against his certificate or
18 registration be dismissed on the basis that Respondent has demonstrated his ability to provide
19 safe and adequate pharmacological services to physicians, patients and customers alike. In
20 the alternative Respondent requests a reasonable stipulated settlement offer to resolve any
21 concern about his ability to continue to safely practice pharmacology. Respondent is
22 committed to performing his professional duties with the utmost integrity and care, and will
23 maintain the standards of the profession and protect the public by rendering quality
24 pharmacology services.

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IV.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

As for a first separate, distinct affirmative defense to the Accusation, this answering Respondent alleges that the Accusation and each purported cause of action therein fails to state facts sufficient to constitute a cause of action.

SECOND AFFIRMATIVE DEFENSE

As for a second separate, distinct affirmative defense to the Accusation, this answering Respondent alleges that the form of the Accusation and each purported cause of action therein is so indefinite or uncertain that respondent cannot respond or prepare a defense

THIRD AFFIRMATIVE DEFENSE

As for a third separate, distinct affirmative defense to the Accusation, this answering Respondent alleges that the Accusation and each purported cause of action therein in that under the circumstances, compliance with the requirements of said regulations would result in a material violation of another regulation enacted by another department affecting substantive rights.

FOURTH AFFIRMATIVE DEFENSE

As for a fourth separate, distinct affirmative defense to the Accusation, this answering Respondent alleges that the Complainant's conduct relative to this Respondent and the relationship between Complainant and Respondent was such as to bring Complainant into these legal proceedings with unclean hands, and as such is estopped from pursuing the claims.

FIFTH AFFIRMATIVE DEFENSE

As for a fifth separate, distinct affirmative defense to the Accusation, this answering Respondent presently has insufficient knowledge or information upon which to form a belief as to whether he may have additional, yet unasserted, affirmative defenses to the Accusation, and therefore reserve the right to assert additional affirmative defenses in the event discovery indicates it would be appropriate.

1 WHEREFORE, Respondent prays the Nevada State Board of Pharmacy issue a judgment as
2 follows:

- 3 1. That no revocation, suspension or other discipline action be taken against
4 Certificate of Registration No. 13312, issued to Mr. Timothy A. Lopez.
5 2. That this Honorable Board waive any costs of investigation or enforcement of
6 these proceedings;
7 3. That this Honorable Board take such other action as deemed necessary and
8 proper.
9

10
11 DATED this 20 day of July 2010.

12
13 By: _____

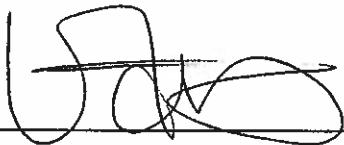
14 Kevin C. Murphy, Bar. No. 10938
15 Murphy Jones LLP
16 3960 Howard Hughes Parkway, Suite 500
17 Las Vegas, NV 89169
18 *Attorney for Respondent*
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CERTIFICATE OF MAILING

I HEREBY CERTIFY, that on the 21 day of July 2010, I placed a true and correct copy of the foregoing NOTICE OF DEFENSE AND ANSWER TO ACCUSATION, in the United States mail in San Diego, California 92101, certified mailing postage prepaid, and addressed to:

Caroline Cramer, Esq.
Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

By:



An agent of MURPHY JONES LLP

1 Kathleen M. Jones, Bar No. 06428
2 Kevin C. Murphy, Cal. Bar No. 10938
3 MURPHY JONES LLP
4 3960 Howard Hughes Parkway, Suite 500
5 Las Vegas, NV 89169
6 Tel.: (702) 990-3703, Fax: (702) 990-3713
7 *Attorneys for RESPONDENT*

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BEFORE THE HONORABLE
NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY)
Petitioner,

v.

APPLIED PHARMACY SERVICES, LLC,
dba REMEDY RX,
Certificate of Registration No: PH01518
Respondent

Case No.: 09-122-PH-S

NOTICE OF DEFENSE AND ANSWER TO
ACCUSATION

NOW APPEARS, APPLIED PHARMACY SERVICES, LLC, dba REMEDY RX
(hereinafter referred to as "REMEDY RX"), the Respondent in the above entitled action, and
does hereby answer the Notice of Intended Action and Accusation against its certificate in the
above-entitled matter before the Nevada State Board of Pharmacy. Pursuant to Nevada
Revised Statutes (NRS) 622A.320 and NRS 639.244, this answering Respondent denies each
and every allegation of each and every cause of action of the unverified Accusation not
explicitly admitted herein.

Respondent requests that the Board take no action against Respondent's pharmacy
license and allow it to continue pharmacy operations without conditions or limitations. There is
no evidence that the allegations forming the basis of the Accusation in any way impacted
Respondent's ability to render pharmacy services in a safe and competent manner or to
lawfully operate under Nevada rules and regulations.

1 I.

2 **OBJECTIONS TO ACCUSATION**

3 Respondent objects to the Accusation against it in that the Accusation, in whole or in
4 part, fails to state facts upon which this agency may proceed, and; as to the form of the
5 accusation on the ground that it is so indefinite or uncertain that Respondent cannot identify
6 the transaction or prepare a defense. Any objections not explicitly made hereunder are hereby
7 reserved and objection made.

8 II.

9 **RESPONSE TO ACCUSATION ALLEGATIONS**

10 In response to the allegations espoused in the Accusation, Respondent admits, denies,
11 alleges and answers as follows:

12
13 FIRST CAUSE OF ACTION – Failure to Maintain Documentation of Biennial Inventory.

14 On or about August 11, 2009, Respondent facility was subject to a Los Angeles Police
15 Department (LAPD) raid. At that time numerous documents, papers, tangible items and effects
16 were seized, taken and/or misplaced. Subsequent to the LAPD search, records,
17 documentation and medication were in complete disorder and disarray at the facility.
18 Respondent admits that it was unable to locate the biennial inventory in September 2009 upon
19 the request of Nevada State Pharmacy Board officials, denies that said documentation was not
20 prepared and on file pursuant to NRS 453.246 prior to the LAPD search, and claims that the
21 documentation was either taken or misplaced during the search of the facility by the
22 LAPD.

23
24 SECOND CAUSE OF ACTION – Possession of Expired Pharmaceuticals.

25 On September 16, 2009, Respondent was found to have expired pharmaceuticals in the
26 back of a medicine storage refrigerator at its principal place of employment operations. The
27 subject compounds listed an expiration date of July 2009, only two months prior to their
28 discovery and were intentionally housed away from all other active medicines prior to their

1 scheduled disposals. Respondent admits that there were expired pharmaceuticals in the
2 facility, denies that said expired pharmaceuticals were intentionally housed or stored or
3 retained past their expiration period for any other reason than storage prior to disposal, and
4 alleges that the delay to dispose the expired pharmaceuticals resulted from the
5 aforementioned LAPD facility search and ensuing disruptions of business affairs caused by the
6 police investigation. Respondent did not have the intent to sell, offer or distribute the expired
7 medicines pursuant to NRS 639.282(1) and therefore did not violate Nevada law. Respondent
8 further contends that the possession of the expired pharmaceuticals was not substantially
9 related to the qualifications, functions or duties of a registered pharmacist, nor did said
10 possession amount to a substantial degree of present or potential unfitness of a pharmacy to
11 practice in a manner consistent with the public health, safety or welfare, and did not rise to the
12 level of unprofessional conduct under NRS 639.210(4) or NAC 639.945(1).

13
14 THIRD CAUSE OF ACTION – Acting as an Unlicensed Wholesaler.

15 Respondent has allegedly subjected its pharmacy certificate to discipline by acting as a
16 unlicensed wholesaler in that Respondent sold more than ten (10) percent of specific
17 medications to facilities rather than specific patients. Respondent admits to distributing
18 medications to facilities, but reasonably believed that such conduct was appropriate and
19 justified under the “office use” safe harbor provisions of 21 CFR section 205.3(f)10 and in
20 accord with NRS 639.0155(3)(d) – (4), NRS 639.016 and NRS 639.100(1). Respondent further
21 contends that the sale of pharmaceuticals to other licensed facilities was not substantially
22 related to the qualifications, functions or duties of a registered pharmacy, nor did said sales
23 amount to a substantial degree of present or potential unfitness of a pharmacy to practice in a
24 manner consistent with the public health, safety or welfare, and did not rise to the level of
25 unprofessional conduct under NRS 639.210(4) or NAC 639.945(1)(i) or (k).

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1 FOURTH CAUSE OF ACTION – Delivery of Tev Tropin as Unlicensed Internet Pharmacy.

2 Respondent admits that it delivered Tev Tropin to the Las Vegas Institute of Preventive
3 Medicine in accord with 21 CFR section 205.3(f)10, denies that it was in any capacity aware or
4 informed of the internet sales practices of the facility in contravention of NRS 453.3618 or NRS
5 453.3638 or 639.23288(1)(a). Respondent contends that employees or agents of the facilities
6 referred to in the Accusation physically picked up the items, that Respondent spoke with
7 physicians at the facilities regarding the use of medications for particular patients, and that
8 Respondent had no knowledge of any wrongdoing by said facilities. Respondent further
9 contends that the sale of pharmaceuticals to a facility acting in its sole discretion and control as
10 an unlicensed internet pharmacy was not substantially related to the qualifications, functions or
11 duties of a registered pharmacy, nor did said delivery amount to a substantial degree of
12 present or potential unfitness of a pharmacy to practice in a manner consistent with the public
13 health, safety or welfare, and did not rise to the level of unprofessional conduct under NRS
14 639.210(4) or NAC 639.945(1)(g),(j) and/or (k).

15
16 FIFTH CAUSE OF ACTION – Unlicensed Manufacture.

17 Respondent admits that it prepared various pharmaceuticals in accord with NRS
18 639.757, denies that it unlawfully prepared said pharmaceuticals in contravention of NRS
19 639.009 or NRS 639.012 or NRS 639.0124, and alleges that Respondent was deceived and
20 induced into preparing said pharmaceuticals on behalf of Maximum Performance. Respondent
21 prepared pharmaceuticals that were intended to be replacement medicines for previously sold
22 medications. Respondent further contends that the unlicensed manufacturing of
23 pharmaceuticals was not substantially related to the qualifications, functions or duties of a
24 registered pharmacy, nor did said conduct amount to a substantial degree of present or
25 potential unfitness of a pharmacy to practice in a manner consistent with the public health,
26 safety or welfare, and did not rise to the level of unprofessional conduct in accord with NRS
27 639.210(4), NAC 639.945(1)(g),(j) and/or (k).

28 ////

1 SIXTH CAUSE OF ACTION – Intra-state shipping of Prescription Pharmaceuticals.

2 Respondent denies that it shipped prescription drugs into four (4) other states
3 unlawfully. Respondent admits that it shipped to the states in question, that it had a valid New
4 York registration and obtained a valid New Jersey license upon becoming notified of the
5 change in law, and that it unintentionally failed to secure Florida registration. Respondent sent
6 prescription drugs to licensed Nevada physicians and/or facilities in California as instructed.
7 Respondent is presently licensed in Florida, New Jersey and California. Respondent is not
8 currently licensed in New York New York. Respondent contends that the allegedly unlawful
9 unlicensed intra-state shipment pharmaceuticals was not substantially related to the
10 qualifications, functions or duties of a registered pharmacy, nor did said conduct amount to a
11 substantial degree of present or potential unfitness of a pharmacy to practice in a manner
12 consistent with the public health, safety or welfare, and did not rise to the level of
13 unprofessional conduct in accord with NRS 639.210(4) or NAC 639.945(1)(i).

14
15 **III.**

16 **CONCLUSION**

17 Respondent respectfully requests that the Accusation against his certificate or
18 registration be dismissed on the basis that Respondent has demonstrated his ability to provide
19 safe and adequate pharmacological services to physicians, patients and customers alike. In
20 the alternative Respondent requests a reasonable stipulated settlement offer to resolve any
21 concern about his ability to continue to safely practice pharmacology. Respondent is
22 committed to performing his professional duties with the utmost integrity and care, and will
23 maintain the standards of the profession and protect the public by rendering quality
24 pharmacology services.

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IV.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

As for a first separate, distinct affirmative defense to the Accusation, this answering Respondent alleges that the Accusation and each purported cause of action therein fails to state facts sufficient to constitute a cause of action.

SECOND AFFIRMATIVE DEFENSE

As for a second separate, distinct affirmative defense to the Accusation, this answering Respondent alleges that the form of the Accusation and each purported cause of action therein is so indefinite or uncertain that respondent cannot respond or prepare a defense

THIRD AFFIRMATIVE DEFENSE

As for a third separate, distinct affirmative defense to the Accusation, this answering Respondent alleges that the Accusation and each purported cause of action therein in that under the circumstances, compliance with the requirements of said regulations would result in a material violation of another regulation enacted by another department affecting substantive rights.

FOURTH AFFIRMATIVE DEFENSE

As for a fourth separate, distinct affirmative defense to the Accusation, this answering Respondent alleges that the Complainant's conduct relative to this Respondent and the relationship between Complainant and Respondent was such as to bring Complainant into these legal proceedings with unclean hands, and as such is estopped from pursuing the claims.

FIFTH AFFIRMATIVE DEFENSE

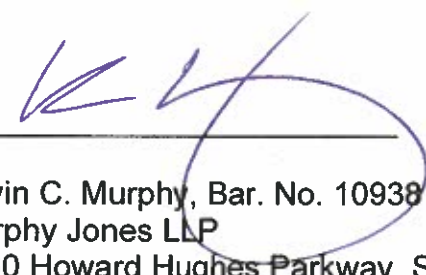
As for a fifth separate, distinct affirmative defense to the Accusation, this answering Respondent presently has insufficient knowledge or information upon which to form a belief as to whether it may have additional, yet unasserted, affirmative defenses to the Accusation, and therefore reserve the right to assert additional affirmative defenses in the event discovery indicates it would be appropriate.

1 WHEREFORE, Respondent prays the Nevada State Board of Pharmacy issue a judgment as
2 follows:

- 3 1. That no revocation, suspension or other discipline action be taken against
4 Certificate of Registration No. PH01518, issued to APPLIED PHARMACY
5 SERVICES, LLC, dba REMEDY RX.
- 6 2. That this Honorable Board waive any costs of investigation or enforcement of
7 these proceedings;
- 8 3. That this Honorable Board take such other action as deemed necessary and
9 proper.

10
11
12 DATED this 20 day of July 2010.

13
14 By: _____

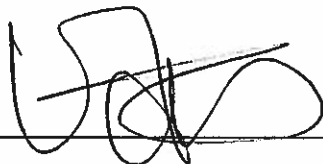

15 Kevin C. Murphy, Bar. No. 10938
16 Murphy Jones LLP
17 3960 Howard Hughes Parkway, Suite 500
18 Las Vegas, NV 89169
19 Attorney for Respondent
20
21
22
23
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27
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CERTIFICATE OF MAILING

I HEREBY CERTIFY, that on the 21 day of July 2010, I placed a true and correct copy of the foregoing NOTICE OF DEFENSE AND ANSWER TO ACCUSATION, in the United States mail in San Diego, California 92101, certified mailing postage prepaid, and addressed to:

Caroline Cramer, Esq.
Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

By:



An agent of MURPHY JONES LLP

NEVADA STATE BOARD OF PHARMACY.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 09-006-RPH-S

Case No. 09-006-PH-S

Respondents.

1.

11.

- 1 -

Regulatory Affairs at Rickett Benckiser Pharmaceuticals Inc., regarding allegations that Remedy was compounding and selling Buprenorphine and Buprenorphine/Naloxone combination products to physicians and patients when the product is commercially available and safety measures and testing procedures involved in the compounding of these medications may be in question. Buprenorphine and Buprenorphine/Naloxone are controlled substances listed in Scheduled III by the Drug Enforcement Administration since 2002. When the investigation began, Remedy was named and doing business as Applied Pharmacy Services, LLC. Remedy is not a licensed wholesaler, manufacturer or, mail order pharmacy in the state of Nevada.

III.

Board staff contacted Mr. Lopez, the owner/pharmacy manager at Remedy, who admitted that he had been compounding Buprenorphine injectable and Buprenorphine sublingual tablets (troches) for three different physicians in California and Florida. Mr. Lopez admitted compounding Buprenorphine Sublingual troches formulated in 10 mg. for in office use for Dr. Renee Kilmer, DO, from Laser Image, Inc. of California. Dr. Kilmer told Board staff she would give them to her patients for pain. According to Mr. Lopez, Dr. Kilmer wanted the troches scored so she could break them into the size she wanted to administer to her patient. Mr. Lopez and Remedy provided the troches to Dr. Kilmer not as patient specific prescriptions, but per a prescription made to "Laser Image" (Rx#4417072).

VI.

Mr. Lopez admitted to Board Staff that he would compound drugs for John William Stein, MD, and Melvin D. Small, MD, from Advanced Medical Center for Pain in

Florida. Mr. Lopez would compound patient specific drugs pursuant to a prescription that Drs. Stein and Small would fax from Florida for Buprenorphine 8 mg. troches and Buprenorphine 0.3 mg/ml injectable. Mr. Lopez told Board staff he would bulk package the dispensed patient specific drugs and send them to the doctors in Florida, not to the patients. All prescriptions were written to treat "pain." No written information was provided to the patients regarding the prescriptions, nor was a toll-free 800 number provided for patients to call to ask Mr. Lopez questions.

V.

Mr. Lopez provided pharmacy records that showed that he dispensed Buprenorphine 10 mg. troches under Rx#4417072 on 7/1/08, 8/7/08, 9/12/08, 9/22/08 and 10/07/08. Mr. Lopez provided pharmacy records that showed that he dispensed Buprenorphine 10 mg troches under Rx#4418128 on 12/3/08, 12/15/08 and 12/29/08. All Buprenorphine 10 mg troches were dispensed to Dr. Kilmer's office in California. Mr. Lopez is not licensed to conduct business in California.

VI.

Mr. Lopez provided pharmacy records that show he dispensed Buprenorphine 8 mg. SL troches to Dr. William Stein under specific patient names between August 22, 2008 to January 21, 2009 , 49 times under Rx numbers: 4417456, 4417457, 4417458, 4417461, 4417460, 4417567, 4417568, 4417569, 4417611, 4417612, 4417811, 4417836, 4417837, 4417838, 4417993, 4417994, 4417995, 4418031, 4418057, 4418058, 4418123, 4418124, 4418243, 4418240, 4418245, 4418246, 4418247, 4418248, 4418249, 4418322, 4418324, 4418325, 4418326, 4418504, 4418505, 4418506, 4418507, 4418508, 4418641, 4418642, 4418643, 4418661,

4418662, 4418663, 4418664, 4418665, 4418666, 4418669 and 4418674. All prescriptions were sent Federal Express to Dr. Stein in Florida and no prescriptions were sent to any patients by Mr. Lopez. Mr. Lopez is not licensed to conduct business in Florida.

VII.

Mr. Lopez provided pharmacy records that show he dispensed Buprenorphine 0.3 mg/ml injectable to Dr. William Stein under specific patient names between November 25, 2008 and January 21, 2009, 12 times under Rx numbers: 4418238, 4418239, 4418244, 4418512, 4418513, 4418514, 4418515, 4418517, 4418511, 4418639, 4418640 and 4418668. All prescriptions were sent Federal Express to Dr. Stein in Florida and no prescriptions were sent to any patient by Mr. Lopez. Mr. Lopez is not licensed to conduct business in Florida.

VIII.

Mr. Lopez provided pharmacy records that show he dispensed Buprenorphine 8 mg. SL troches to Dr. Melvin Small under specific patient names between September 5, 2008 to November 7, 2008, 10 times under Rx numbers: 4417566, 4417570, 4417571, 4417810, 4417996, 4418025, 4418047, 4418059, 4418117 and 4418118. All prescriptions were sent Federal Express to Dr. Small in Florida and no prescriptions were sent to any patient by Mr. Lopez. Mr. Lopez is not licensed to conduct business in Florida.

IX.

Mr. Lopez provided pharmacy records that show he dispensed Buprenorphine 0.3 mg./ml. injectable to Dr. Melvin Small under specific patient names between

October 10, 2008 and January 21, 2009, 19 times under Rx numbers: 4417870, 4417871, 4417872, 4417873, 4417874, 4417868, 4417866, 4417867, 4417869, 4417875, 4417876, 4418115, 4418116, 4418119, 4418120, 4418121, 4418122, 4418516 and 4418667. All prescriptions were sent Federal Express to Dr. Small in Florida and no prescriptions were sent to any patients by Mr. Lopez. Mr. Lopez is not licensed to conduct business in Florida.

X.

Clinical Pharmacology states that Buprenorphine and Naloxone are commercially available in the following forms:

Buprenex 0.3mg./ml. injection

Buprenorphine Hydrochloride 0.3mg./ml. Solution for injection

Buprenorphine Hydrochloride Sublingual Tablets

Subutex 2 mg. Tablets

Subutex 8 mg. Tablets

XI.

Mr. Lopez admitted to Board staff that he knew Buprenorphine was a commercially available product but that he believed that he was filling prescriptions based on the physician's specific needs. Mr. Lopez also told Board staff that he was not clear whether he could compound commercially available drugs because he believed that the Board of Pharmacy was not clear on this point. Mr. Lopez admitted to Board staff that he was not licensed to sell medications into Florida or California. Mr. Lopez admitted that he never checked to see if Drs. Small or Stein had a bona fide doctor/patient relationship with any patient for which he and Remedy filled a

prescription. Mr. Lopez admitted that he did not verify if any of the doctors were licensed to dispense medications in their respective states. When asked by Board staff if he had ever tested or documented testing any of his compounded Buprenorphine products, Mr. Lopez stated that he had not.

FIRST CAUSE OF ACTION

XII.

For acting as an unlicensed wholesaler by selling prescription drugs in bulk without patient specific prescriptions, Respondents Timothy Lopez and Remedy violated 21 CFR § 205.3(f) (10) and/or (g), and/or NRS 639.016 and/or 639.100 and/or 639.210(4), and/or (11), and/or (12) and/or (15) and/or NAC 639.945(1) (i) and/or (k) and/or (2).

SECOND CAUSE OF ACTION

XIII.

For failing to establish that a bona fide relationship existed between patients and Drs. Small and Stein, Respondents Timothy Lopez and Remedy violated NRS 639.235(2) and/or (3) and/or 639.210(4), and/or (12) and/or (15) and/or NAC 639.752 and/or 639.945(1)(i) and/or (2).

THIRD CAUSE OF ACTION

XIV.

For failing to provide a toll-free telephone number to provide telephonic counseling for patients being served out-of-state, Respondents Timothy Lopez and Remedy have violated NRS 639.210(4) and/or (12) and/or (15) and/or NAC 639.708(3) and/or(4) and/or NAC 639.945(1)(i) and/or (2).

FOURTH CAUSE OF ACTION

XV.

For acting as an unlicensed manufacturer without appropriate licensure and/or certification by making and selling prescription compounds that are commercially available, Respondents Timothy Lopez and Remedy violated NRS 639.009 and/or NRS 639.012 and/or NRS 639.0124 and/or NRS 639.013 and/or NRS 639.210(4) and/or (12) and/or (15) and/or NAC 639.757 and/or NAC 639.945(1)(i) and/or (j) and/or (2).

FIFTH CAUSE OF ACTION

XVI.

For selling and shipping prescription drugs into California and Florida without valid licensure to do so, Respondents Timothy Lopez and Remedy violated NRS 639.210(4) and/or (12) and/or (15) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 19th day of August, 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.

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

TIMOTHY ANTHONY LOPEZ, R.Ph.

Certificate of Registration No: # 13312,

Case No. 09-006-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, October 13, 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 19th day of August, 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

TIMOTHY ANTHONY LOPEZ, R.Ph.
Certificate of Registration No: # 13312,

Case No. 09-006-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").

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.

Timothy Anthony Lopez, R.Ph.

Blank

Regulatory Affairs at Rickett Benckiser Pharmaceuticals Inc., regarding allegations that Remedy was compounding and selling Buprenorphine and Buprenorphine/Naloxone combination products to physicians and patients when the product is commercially available and safety measures and testing procedures involved in the compounding of these medications may be in question. Buprenorphine and Buprenorphine/Naloxone are controlled substances listed in Scheduled III by the Drug Enforcement Administration since 2002. When the investigation began, Remedy was named and doing business as Applied Pharmacy Services, LLC. Remedy is not a licensed wholesaler, manufacturer or, mail order pharmacy in the state of Nevada.

III.

Board staff contacted Mr. Lopez, the owner/pharmacy manager at Remedy, who admitted that he had been compounding Buprenorphine injectable and Buprenorphine sublingual tablets (troches) for three different physicians in California and Florida. Mr. Lopez admitted compounding Buprenorphine Sublingual troches formulated in 10 mg. for in office use for Dr. Renee Kilmer, DO, from Laser Image, Inc. of California. Dr. Kilmer told Board staff she would give them to her patients for pain. According to Mr. Lopez, Dr. Kilmer wanted the troches scored so she could break them into the size she wanted to administer to her patient. Mr. Lopez and Remedy provided the troches to Dr. Kilmer not as patient specific prescriptions, but per a prescription made to "Laser Image" (Rx#4417072).

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Mr. Lopez provided pharmacy records that show he dispensed Buprenorphine 0.3 mg./ml. injectable to Dr. Melvin Small under specific patient names between

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Clinical Pharmacology states that Buprenorphine and Naloxone are commercially available in the following forms:

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Mr. Lopez admitted to Board staff that he knew Buprenorphine was a commercially available product but that he believed that he was filling prescriptions based on the physician's specific needs. Mr. Lopez also told Board staff that he was not clear whether he could compound commercially available drugs because he believed that the Board of Pharmacy was not clear on this point. Mr. Lopez admitted to Board staff that he was not licensed to sell medications into Florida or California. Mr. Lopez admitted that he never checked to see if Drs. Small or Stein had a bona fide doctor/patient relationship with any patient for which he and Remedy filled a

prescription. Mr. Lopez admitted that he did not verify if any of the doctors were licensed to dispense medications in their respective states. When asked by Board staff if he had ever tested or documented testing any of his compounded Buprenorphine products, Mr. Lopez stated that he had not.

FIRST CAUSE OF ACTION

XII.

For acting as an unlicensed wholesaler by selling prescription drugs in bulk without patient specific prescriptions, Respondents Timothy Lopez and Remedy violated 21 CFR § 205.3(f) (10) and/or (g), and/or NRS 639.016 and/or 639.100 and/or 639.210(4), and/or (11), and/or (12) and/or (15) and/or NAC 639.945(1) (i) and/or (k) and/or (2).

SECOND CAUSE OF ACTION

XIII.

For failing to establish that a bona fide relationship existed between patients and Drs. Small and Stein, Respondents Timothy Lopez and Remedy violated NRS 639.235(2) and/or (3) and/or 639.210(4), and/or (12) and/or (15) and/or NAC 639.752 and/or 639.945(1)(i) and/or (2).

THIRD CAUSE OF ACTION

XIV.

For failing to provide a toll-free telephone number to provide telephonic counseling for patients being served out-of-state, Respondents Timothy Lopez and Remedy have violated NRS 639.210(4) and/or (12) and/or (15) and/or NAC 639.708(3) and/or(4) and/or NAC 639.945(1)(i) and/or (2).

FOURTH CAUSE OF ACTION

XV.

For acting as an unlicensed manufacturer without appropriate licensure and/or certification by making and selling prescription compounds that are commercially available, Respondents Timothy Lopez and Remedy violated NRS 639.009 and/or NRS 639.012 and/or NRS 639.0124 and/or NRS 639.013 and/or NRS 639.210(4) and/or (12) and/or (15) and/or NAC 639.757 and/or NAC 639.945(1)(i) and/or (j) and/or (2).

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XVI.

For selling and shipping prescription drugs into California and Florida without valid licensure to do so, Respondents Timothy Lopez and Remedy violated NRS 639.210(4) and/or (12) and/or (15) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 19th day of August, 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.

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

APPLIED PHARMACY SERVICES, LLC
dba, REMEDY RX,
Certificate of Registration No: PH01518,

Case No. 09-006-PH-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, October 13, 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 19th day of August, 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.

**APPLIED PHARMACY SERVICES, LLC
dba, REMEDY RX,
Certificate of Registration No: PH01518,**

**ANSWER AND
NOTICE OF DEFENSE**

Case No. 09-006-PH-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.

type or print name

for Applied Pharmacy Services, dba Remedy RX

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**JILL HENRY, RPH.,
Certificate of Registration #14965,**

Case No. 10-021-RPH-S

**RESOURCE PHARMACY,
Certificate of Registration #PH01949,**

Case No. 10-021-PH-S

Respondents.

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 Jill Henry is a pharmacist licensed by the Board and Resource Pharmacy is a pharmacy licensed by the Board, located at 5 Cactus Garden Drive #8, Henderson, Nevada.

FIRST CAUSE OF ACTION

II.

On March 9, 2010 Resource Pharmacy received a prescription for Leo O'Neil, who resides at the Mountain Springs Assisted Living facility with his wife Barbara. The prescription was written for Keflex 500 mg. capsules with directions to take two capsules by mouth two times per day (RX R51151680). Resource Pharmacy delivered the medication to Mr. O'Neil, however they also filled the same prescription for Barbara O'Neil (Rx51151688) who was not prescribed Keflex 500 mg. capsules. Ms. O'Neil ingested one dose of generic Keflex 500 mg. before the error was discovered.

III.

Ms. Henry was the pharmacist who was responsible for verifying the prescriptions. Ms. Henry did not notice that the prescription for Ms. O'Neil was in error.

IV.

In failing to strictly follow the instructions of Mr. O'Neil's physician by filling a second prescription for generic Keflex 500 mg. capsules for Ms. O'Neil without a valid prescription therefore, Ms. Henry violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

On March 15, 2010 Resource Pharmacy received a prescription for Lois Orser, who resides at the Mountain Springs Assisted Living facility. Ms. Orser was prescribed metoprolol 25 mg. tablets with directions to take one tablet twice daily. The prescription was filled and Ms. Henry verified the prescription. The metoprolol prescription was delivered to Ms. Orser at the Mountain Springs Assisted Living facility. Before the metoprolol that was delivered was administered to Ms. Orser, a care giver noticed that the strength was incorrect. Resource Pharmacy filled Ms. Orser's prescription with metoprolol 50 mg. tablets rather than the 25 mg. tablets as prescribed.

VI.

In failing to strictly follow the instructions of Ms. Orser's physician by filling her prescription for metoprolol 25 mg. tablets with metoprolol 50 mg. tablets, Ms. Henry violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

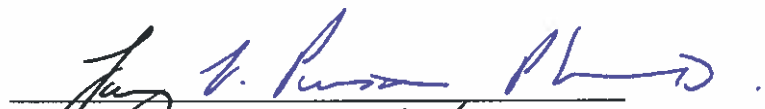
THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Henry failed to notice that Ms. O'Neil was not prescribed Keflex 500 mg. capsules and failed to notice that the prescription for metoprolol for Ms. Orser was incorrectly filled with 50 mg. tablets rather than 25 mg. tablets as prescribed, Resource Pharmacy violated NRS 639.210(4) and or NAC 639.945(1)(d) and (i) and (2).

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

Signed this 25th 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**

**JILL HENRY, R.Ph.,
Certificate of Registration #14965,**

Case No. 10-021-RPH-S

Respondent.

_____ /

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

I.

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

II

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


III.

The Board has reserved Wednesday, October 13, 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 25th 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.

**JILL HENRY, RPH.,
Certificate of Registration #14965,**

**ANSWER AND
NOTICE OF DEFENSE**

Case No. 10-021-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").

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.

Jill Henry, R.Ph.

Blank

III.

Ms. Henry was the pharmacist who was responsible for verifying the prescriptions. Ms. Henry did not notice that the prescription for Ms. O'Neil was in error.

IV.

In failing to strictly follow the instructions of Mr. O'Neil's physician by filling a second prescription for generic Keflex 500 mg. capsules for Ms. O'Neil without a valid prescription therefore, Ms. Henry violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

On March 15, 2010 Resource Pharmacy received a prescription for Lois Orser, who resides at the Mountain Springs Assisted Living facility. Ms. Orser was prescribed metoprolol 25 mg. tablets with directions to take one tablet twice daily. The prescription was filled and Ms. Henry verified the prescription. The metoprolol prescription was delivered to Ms. Orser at the Mountain Springs Assisted Living facility. Before the metoprolol that was delivered was administered to Ms. Orser, a care giver noticed that the strength was incorrect. Resource Pharmacy filled Ms. Orser's prescription with metoprolol 50 mg. tablets rather than the 25 mg. tablets as prescribed.

VI.

In failing to strictly follow the instructions of Ms. Orser's physician by filling her prescription for metoprolol 25 mg. tablets with metoprolol 50 mg. tablets, Ms. Henry violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).


THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Henry failed to notice that Ms. O'Neil was not prescribed Keflex 500 mg. capsules and failed to notice that the prescription for metoprolol for Ms. Orser was incorrectly filled with 50 mg. tablets rather than 25 mg. tablets as prescribed, Resource Pharmacy violated NRS 639.210(4) and or NAC 639.945(1)(d) and (i) and (2).

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

Signed this 25th 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**

**RESOURCE PHARMACY,
Certificate of Registration #PH01949,**

Case No. 10-021-PH-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, October 13, 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 25th 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.

**RESOURCE PHARMACY,
Certificate of Registration #PH01949,**

**ANSWER AND
NOTICE OF DEFENSE**

Case No. 10-021-PH-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.

type or print name

for Resource Pharmacy

Blank

information from Ms. Heathcock. Mr. Graham submitted an exhibit, a copy of license verification with part of the expiration date missing that Ms. Heathcock had written in "2011" and had submitted as her proof to Walgreens that she had renewed her registration. Ms. Heathcock claimed she had not received her registration. Mr. Graham admitted that the managing pharmacist did not follow through to make sure that Ms. Heathcock was registered, but ultimately the responsibility was Ms. Heathcock's. Mr. Graham advised that Ms. Heathcock may have been experiencing financial problems because she was borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy when she had not done so. Based upon the stipulations of the parties and the testimony and evidence presented, the Board finds the following to be the facts of the matter.

2. Ms. Heathcock had worked 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.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Heathcock is a pharmaceutical technician registered by the Board and Walgreens #12646 is a pharmacy licensed with the Board.

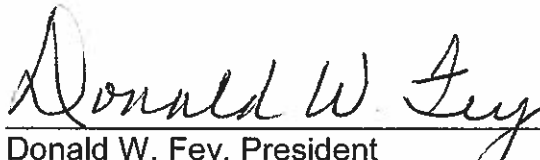
2. In owning and operating the pharmacy in which Ms. Heathcock worked without a registration and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260, 639.945(1)(i) and/or (k) and/or (2).

ORDER

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

1. Walgreens #12646 shall pay a fine of \$250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.
2. Walgreens #12646 shall pay the Board's administrative fee of \$295.00, by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.
3. Walgreen's shall do a presentation to Board Staff of its computer system that tracks the licensure of employees to make sure the problem is corrected within 60 days of the signing of this Order.
4. Ms. Heathcock's appearance before the Board is continued until the October 2010 meeting in Las Vegas, Nevada.

Signed and effective this 16th day of August, 2010.


Donald W. Fey, President
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!

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, NOTICE OF INTENDED ACTION AND
ACCUSATION**

**VERONICA B. COX, PT.,
Certificate of Registration PT10330,**

Case No. 10-059-PT-N

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 Cox is a registered pharmaceutical technician with the Board.

II.

On August 4, 2010, Board Staff was informed that CVS had terminated the employment of Veronica Cox, pharmaceutical technician, for removing four books of CII prescriptions from a file drawer at CVS #8803 and placing them in the Cintas confidential destruction bin. It is presumed that the original confidential CII prescriptions were destroyed. In her written statement Ms. Cox admitted putting the prescriptions in a patient sensitive trash bag which was presumably destroyed because she wanted revenge by getting the managing pharmacist in trouble with the Nevada State Board of Pharmacy during the pharmacy's annual inspection, when the CII

prescriptions would be discovered to be missing. Ms. Cox also admitted in her written statement that she was unhappy with the managing pharmacist because she believed that she had received poor treatment which is why she destroyed the original CII prescriptions. The following original CII prescriptions are missing and presumed destroyed:

RX237000-237999 (02/05/2010 – 02/16/2010)

RX249000-249999 (04/26/2010 – 05/03/2010)

RX251000-251999 (05/07/2010 – 05/13/2010)

RX259000-259999 (06/30/2010 – 07/07/2010)


Ms. Cox intentionally had patient's CII prescriptions destroyed which are required to be kept pursuant to the Code of Federal Regulation and/or Nevada Revised Statutes.

FIRST CAUSE OF ACTION

III.

In having destroyed original CII prescriptions that that were required to be kept pursuant to 21 CFR § 1306.11 and 21 CFR § 1304.04(h) and/or NRS 453.246 and/or 639.236(1), Respondent Cox violated NRS 453.246 and/or 639.236(1) and/or 639.210(4) and/or (11) and/or (12) and/or NAC 639.945(1)(i).

Signed and effective this 5th day of August, 2010.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

VERONICA B. COX, PT.,
Certificate of Registration PT10330,

Case No. 10-059-PT-N

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, September 8, 2010 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, 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 5th day of August, 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

VERONICA B. COX, PT.,
Certificate of Registration PT10330,

Case No. 10-059-PT-N

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*

AUG 30 2010

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

and alleges as follows:

I admit to the Accusation against me. The reason I did what I did was I feel like my pharmacist totally mistreats me and my other co-wo. I know what I did was wrong, when I did it I was thinking of the bigger picture at all. I am very sorry for what I've done. I don't want to lose my career over this stupid mistake. I am pregnant and I think my treatment during my pregnancy is what upset me the most. Regardless of that I know what I did was wrong and I will NEVER do anything like this again. I am very sorry.

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 26th day of August, 2010.

Veronica Cox
Veronica B. Cox, PT

Blank

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

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: DOLCRX
Physical Address: 801 S. Rancho Drive Suite A4
Mailing Address: PO BOX 35668
City: Las Vegas State: NV Zip Code: 89133
Telephone Number: 702-436-5279 or 702-4DO-LCRX Fax Number: 702-776-8201
Toll Free Number: _____
E-mail: khanh@dolcrx.com Website: www.dolcrx.com
Managing Pharmacist: Khanh B. Pham License Number: 10686

Hours of Operation:

Monday thru Friday: 9 am 5 pm Saturday Appt. only am _____ pm
Sunday CLOSED am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

Board Use Only

Received: SEP 27 2010 Check Number: 1015 Amount: 500

55050
3115

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.

Khanh B. Pham
Signature of owner

September 20, 2010
Date

Khanh B. Pham
Print or Type name

STATEMENT OF RESPONSIBILITY
SOLE PROPRIETORSHIP

I, Khanh Bao Pham
owner of DOLCRX Pharmacy

hereby acknowledge and understand that I may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that I may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by me.

I further acknowledge and understand that I cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the corporation must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Khanh Bao Pham
Signature

September 20, 2010
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Khanh Bao Pham

License #: 10686

Pharmacy Name: DOLCRX (Diabetes & Obesity Lifestyle Consultants) Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County: _____ Court: _____

Blank

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: WALGREEN'S INFUSION SERVICES
Physical Address: 132 MISSION RANCH BLVD. CHICO CA 95926-2186
Mailing Address: 485 HALF DAY RD STE 300
City: BUFFALO GROVE State: IL Zip Code: 60089-8806
Telephone Number: (530) 898-1337 Fax Number: (530) 893-1214
Toll Free Number: (800) 417-1337
E-mail: mary.kenard@walgreens.com Website: www.walgreenshealth.com
Managing Pharmacist: PETER THOMAS HALL License Number: RPH52533

Hours of Operation:

Monday thru Friday 8:00 am 6:00 pm Saturday ON am CALL pm
Sunday ON am CALL pm 24 Hours ONCALL

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: SEP 27 2010 Check Number: 182 Amount: 500.00

55051
3114

OWNERSHIP IS A CORPORATION

State of Incorporation: DELAWARE
Parent Company if any: WALGREENS INFUSION SERVICES, INC.
Corporation Name: OPTION CARE ENTERPRISES, INC.
Mailing Address: 485 HALF DAY RD, STE 300
City: BUFFALO GROVE State: IL Zip: 60089-8806
Telephone: (800) 879-6131 Fax: (847) 913-9024
License Contact Person: MARY K LEONARD
Professional Compliance Contact Person: STEVE KENNEDY

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. WALGREENS INFUSION SERVICES ("WIS") %: 100 of ACE
2. WALGREEN CO. (WALGREEN CO. IS %: 100 of WIS
3. PUBLICLY TRADED; NO INDIVIDUAL %: _____
4. (OWN 5%) %: _____

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: N/A
Stock Exchange: _____

List any physician shareholders and percentage of ownership:

NONE

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

PLEASE SEE ATTACHED

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 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.

Lori Zitek
Signature of owner or executive officer

8/18/10
Date

LORI ZITEK VICE PRESIDENT
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Lori Zsitek

Corporate Officer of Option Care Enterprises, Inc.

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Lori Zsitek
Signature

09/17/2010
Date

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

No Fee

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 <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: _____			

FACILITY INFORMATION

Facility Name: LV MEDICAL SUPPLY
Physical Address: 2101 S. DECATUR # 15 LAS VEGAS, NV 89102
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 2101 S. DECATUR # 15
City: LAS VEGAS State: NV Zip Code: 89102
Telephone Number: 702-878-4400 Fax Number: 702-878-4100
E-mail: LVSUPPLY702@Yahoo.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: ARSEN MANUKYAN

**Please complete the attached form. Must be included with the application.

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

- ☐ Medical Gases
- ☒ Respiratory Equipment
- ☐ Life-sustaining equipment
- ☒ Diabetic Supplies

- ☒ Assistive Equipment
- ☐ Parenteral and Enteral Equipment
- ☒ Orthotics and Prosthesis

Other: INCONTINENCE SUPPLY'S

Board Use Only			
Received	<u>9-22-10</u>	Check Number	Amount

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: _____
Corporation Name: LV MEDICAL SUPPLY
Mailing Address: 2101 S. DECATUR #15
City, State and Zip: LAS VEGAS NV. 89102
Telephone Number: 702-878-4400 Fax Number: 702 878 -4100
License Contact Person: ARSEN MANUKYAN
Professional Compliance Contact Person: PRYBIL KATHERINE

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>ARAGATS KARAPETYAN</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

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.

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

- 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.


Signature of corporation officer

9-21-10
Date

ARAGATS
Type name and title

director

APPLICATION TO BE THE MDEG ADMINISTRATOR
Person who runs the facility on a daily basis

Date 9-20-10

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 DME
Nature of MDEG
LV Medical Supply 2101 S Decatur # 15
Name and Address of Business for Which MDEG Administrator Is Requested
2 LV Medical Supply
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Pybil
Last Name

Katherine
First Name

Ann
Middle Name

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

5509 Raincreek Ave Las Vegas NV 89131
Present Residence Address-Street or RFD City State/Zip

Present Business Address City State/Zip

Present Position with the MDEG

Phone: _____ Fax: _____

Email address: _____

Date of Birth

Parkridge, IL
Place of Birth (City, County, State)

32
Age

F
Sex

grn
Color of Eyes

Blonde
Color of Hair

155
Weight

5'8
Height

Scars, tattoos or distinguishing marks and/or characteristics _____

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

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

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

11/08 - 11/09	Medical N Mobility	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Manager	Admin	Ludwig Miller
Title	Description of Duties	Name of Supervisor

10/07 - 11/08	Everything Medical	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Asst. Manager	Admin.	Jeff Kelenien
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) _____

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

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

ATTACH

TAKEN

30 D,

Date of photograph _____



9 20-10

I, Katie Prybil, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Katie Prybil
Signature of Applicant

PERSONAL HISTORY RECORD

Date 08-14-10

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 DME
LV MEDICAL SUPPLY 2101 S. DECATUR BLVD #15 LAS VEGAS, NV 89102
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

KARAPETYAN ARAGATS
Last Name First Name Middle Name

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

3360 PASO ANDRES ST LAS VEGAS NV 89146
Present Residence Address-Street or RFD City State/Zip

2101 S. DECATUR BLVD 07-02-10 LAS VEGAS NU 89102
Present Business Address Dates City State/Zip

PRESIDENT 07-02-10
Occupation Dates

Phone:

Residence
Business
Fax

Date of Birth

54 M
Age Sex

BROWN GRY WHITE 230 MED. 5'6
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 02-26-02

Place LOS ANGELES, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

MARITAL INFORMATION-Continued

A. **Current Marriage** NONE
 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
SUSAN MARTIROSYAN	1989	ARMENIA	1998	YEREVAN, ARMENIA
TEREZA ARAKELYAN	2001	LAS VEGAS	05-14-09	LAS VEGAS, NV

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

Name	Street	City	State	Zip	Telephone
SUSAN	N/A	LOS ANGELES	CA		
TEREZA	N/A	LAS VEGAS	NV		

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address

B. **Child Support Information:**

Please mark the appropriate response:

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

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

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

Applicant's initial AK Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name NONE

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 DJIVAN KARAPETIAN			DECEASED
Mother SHUSHIK KARAPETIAN			DECEASED
Father-in-Law MNATSAKAN			DECEASED
Mother-in-Law MARYSYA			DECEASED

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
TSOVINAR KARAPETIAN		ARMENIA	PROFESOR
Spouse ASHOT YERANOSYAN		ARMENIA	TRAINER
ARA KARAPETIAN		ARMENIA	BUSSINESMAN
Spouse NARINE PETROSYAN		ARMENIA	ACCOUNTING

Spouse _____

Spouse _____

4. EDUCATION:

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

Type of degree obtained, if any ECONOMYCollege or university where obtained UNIVERSITY OF ECONOMY IN ARMENIAApplicant's initial H.K.

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
1994	38	Dismissed	FRESNO, CA		FRESNO P.D.

- 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
FREDERIK	DRIVER	N/A	TEXAS	2008

Applicant's initial AK

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
1990-1995	MAPLE RD	GLENDALE, CA	
1995-1996	CATALINA	BURBANK, CA	
1996-1997	1117 S. LAKE ST.	BURBANK, CA	
1997-2002	5227 EAGLEDALE	LOS ANGELES, CA	
2002-	3360 PASO ANDRES ST.	LAS VEGAS, NV	89146

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
1995-1998	VMK CLOTHING GLENDALE CA	LEASE EXPIRED
Title	Description of Duties	Name of Supervisor
OWNER	SUPERVISE	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1993-1995	GIMMYS FASHION	
Title	Description of Duties	Name of Supervisor
GENERAL	MANAGER	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2001-2004	LA DEPARTMENT STORE	STORE CLOSED
Title	Description of Duties	Name of Supervisor
MANAGER	MANAGE STORE	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2004-2006	TERRY'S FASHION	
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2006-2007	SILVER LAKE AUTO BODY	
Title	Description of Duties	Name of Supervisor
MARKETING	MANAGER	JACK

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2007-	LAS VEGAS FREIGHT	
Title	Description of Duties	Name of Supervisor
OWNER	OPERET	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

Applicant's initial AK Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>THAB T. OMAR</u>	Home					
Employer <u>OMAR GALVEZ LAW GROUP</u>	Business	<u>6600 W. CHARLSTONE</u>			<u>#132</u>	
Name <u>DON CHAIREZ</u>	Home					
Employer <u>ATTORNEY</u>	Business	<u>P.O. BOX 93355</u>				
Name <u>GARNIK K.</u>	Home					
Employer <u>PROMOTOR - BOXING</u>	Business	<u>2790 E. FLAMINGO</u>				
Name <u>SERJ ARMANI</u>	Home					
Employer <u>PRIVATE INVESTIGATOR</u>	Business	<u>7550 W. CHARLSTONE</u>			<u>#105</u>	
Name <u>JACK</u>	Home					
Employer <u>BEST CHOICE AUTO</u>	Business	<u>3720 W. DESERT INN RD</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county 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 AK

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

ATTACHED

WITH



Date of photograph 08-16-10

Applicant's initial A.K.

STATE OF _____ ss.

COUNTY OF _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a 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,

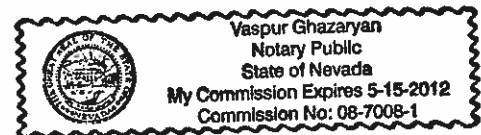
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

Signature of Applicant

Subscribed and Sworn to before me this 16th day of

August 2010

Notary Public



(seal)

Applicant's initial AK Page 9

Date 08-14-10

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 DME
Nature of MDEG

LV MEDICAL SUPPLY 21015 DECATUR BLVD S15 LAS VEGAS NV 89102
Name and Address of Business for Which MDEG Administrator Is Requested

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

MANUKYAN
Last Name

ARSEN
First Name

Middle Name

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

6633 SHADOW COVE LAS VEGAS NV 89139
Present Residence Address-Street or RFD City State/Zip

2101 S DECATUR #15 Dates LAS VEGAS NV 89102
Present Business Address City State/Zip

ADMINISTRATOR Dates
Present Position with the MDEG

Phone: _____ Fax: 8784100

Email address: LV SUPPLY @ YAHOO. COM

ARMENIA - YEREVAN
Place of Birth (City, County, State)

50
Age

M
Sex

BROWN
Color of Eyes

BLACK
Color of Hair

200
Weight

5'9"
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 06-15-2000

Place L.A. CA. (If naturalized, document must be verified.)

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.

09-11-2006	LONE MOUNTAIN MEDICAL CLINIC.	1536
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
MANAGER	MANAGING MEDICAL OFFICE	V. BARRAIA M.D.
Title	Description of Duties	Name of Supervisor

FROM 2007	HI-TECH DIAGNOSTICS INC	4260
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
ADMINISTRATOR	OPERATING THE OFFICE	A. BAGDASARYAN
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

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: CA

Date: 1994

Case Number: DISMISS

County: LA

Court: GLENDALE

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

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

.....
.....
.....
.....
.....
.....



Date of photograph 08-16-10

I, ARSEN MANYUKYAN, 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

NON PUBLICLY TRADED CORPORATION

No fee
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: TROPICANA MEDICAL SUPPLY, INC

Physical Address: 5020 E. TROPICANA AVE B-5 L.V. NV 89122
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5020 E. TROPICANA AVENUE B-5

City: LAS-VEGAS State: NEVADA Zip Code: 89122-6749

Telephone Number: (702) 547-6017 Fax Number: (702) 547-6019

E-mail: TMS.INC@HOTMAIL.COM Website: PENDING

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 6PM Tue: 9AM to 6PM Wed: 9AM to 6PM Thu: 9AM to 6PM

Fri: 9AM to 6PM Sat: Close to Sun: Close to Holidays: Close to

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

Name: AZUCENA MAYA

**Please complete the attached form. Must be included with the application.

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

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

Board Use Only

Received 9/24/10 Check Number _____ Amount _____

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: NONE
Corporation Name: TROPICANA MEDICAL SUPPLY, INC
Mailing Address: 5020 E. TROPICANA AVE B5
City, State and Zip: LAS-VEGAS, NV 89122
Telephone Number: (702) 547-6017 Fax Number: (702) 547-6019
License Contact Person: _____
Professional Compliance Contact Person: TERMAINE THOMAS

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>MERCY O. ALONGE</u>	<u>PRESIDENT / OWNER</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>MERCY O. ALONGE</u>	<u>11544 ARUBA BEACH AVE L.V NEV 89138</u>
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? 0.00
- 4) What date did the corporation actually receive the cash assets? N/A
- 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.

TROPICANA MEDICAL SUPPLY, INC NEVADA
MERCY O. ALONGE

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

MEDICARE # {PENDING UNDER PROCESSING}
MEDICAID # 003302512 NPI # 1922108737

- 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 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. NONE

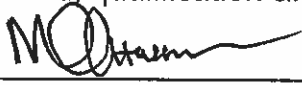
<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

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.

	<u>09/22/2010</u>
Signature of corporation officer	Date
<u>MERCY O. MONGER</u>	<u>PRESIDENT OWNER</u>
Type name and title	

APPLICATION TO BE THE MDEG ADMINISTRATOR
Person who runs the facility on a daily basis

Date Sep 23 2

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

Application for MDEG Facility Administrator

Nature of MDEG

Tropicana Medical Supply, Inc 5020 E. Tropicana Ave BSL VAN 891

Name and Address of Business for Which MDEG Administrator Is Requested

Tropicana Medical Supply, Inc

If applicable, Name Under Which It Is Now Operated

[Handwritten signature]

1. PERSONAL INFORMATION:

MAYA

Last Name

AZUCENA

First Name

Middle Name

SUSY

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

4075 Judson AVE. LAS VEGAS NEVADA 89115

Present Residence Address-Street or RFD

City

State/Zip

5020 E. TROPICANA AVE

Present Business Address

Dates

LAS VEGAS NEVADA 89122

SEP 09 - Present City

State/Zip

CUSTOMER/PATIENT CARE MANAGER

Present Position with the MDEG

Dates MARCH 2010 - PRESENT

22

Age

F

Sex

BROWN

Color of Eyes

BROWN

Color of Hair

190

Weight

5'6"

Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

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

If alien, registration No :

EXP-03/06/16

If naturalized, certificate No

Date

Place

(If naturalized, document must be verified.)

Am

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.

MARCH 2010	TROPICANA Medical Supply	
to Present	5020 E TROPICANA AVE BS 89122	960 Hours
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Patient care manager	managing duties; company services and availability patient plan of care and followups	N/A
Title	Description of Duties	Name of Supervisor

Sep 2009 - MARCH 2010	Tropicana Medical Supply Services	
	5020 E TROPICANA AVE BS LV. N.V. 89122	1120 Hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
CSR/ office Asst	set up, follow ups, customer services patient care, and equipment services	THOMAS J.
Title	Description of Duties	Name of Supervisor

	optimann medical Supplies	
JUNE 07 / Sep 2009	4161 S Eastern AVE L.Y.N.V. 89119	3200 Hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
CSR/ office Asst.	customer services duties	Phillip O.
Title	Description of Duties	Name of Supervisor

Jan 07	Prestige Assistant living	
JULY 07	1050 E. LAKE MEAD PKWY, Henderson NV 89015	1120 Hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Patient care services	picking up patients to doctors offices mobility of patient care services.	Linda G.
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
-------	-----------------------	--------------------

AM.

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action:

State: _____

b)

Date: _____

Case Number: _____

c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a writer

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Date of photograph Sept 22 2016

I, AZUCENA MAYA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Azucena Maya
Signature of Applicant

PERSONAL HISTORY RECORD

Date 07/15/2010

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for NY MDEG PROVIDER
TROPICANA MEDICAL SUPPLY, INC. 5020 E. TROPICANA AVE BS LV NV 89111
Nature of License
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ALONGE MERCY OLUNATOLIN
Last Name First Name Middle Name

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

11544 ARUBA BEACH AVE LAS-VEGAS NV 89138
Present Residence Address-Street or RFD City State/Zip

5020 E. TROPICANA AVE (07/2009) LAS-VEGAS NV 89122
Present Business Address Dates City State/Zip

BUSINESS MARKETING CONSULTANT (07/2010) (702) 547-6017
Occupation Dates Phone:

1 OSUN, NIGERIA
Date of Birth Place of Birth (City, County, State) Residence Business Fax

29 YRS OLD FEMALE
Age Sex

BROWN BLACK LIGHT BROWN 170lbs NO 5'11
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics WEAR GLASSES

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

If naturalized, certificate No. _____ Date _____

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

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐
Applicant's initial M-A

MARITAL INFORMATION-Continued

A. **Current Marriage** JANUARY 25TH, 2005 LAS-VEGAS, NV
 Date
 Spouse's full name (Maiden) ADEYINKA ADEOLA-HAZZAN
 Date of Birth _____ Place of Birth LAGOS, NIGERIA
 Resident address NO 41 ILUPEJU ADESHIYAN LAGOS NIGERIA
 Street City State Zip
 Telephone: Residence (_____) Business (_____) _____
 Spouse's employer NIGERIA BREWERY Occupation MARKETING MANAGER
 Address of employer 1100 IKEJA EXPRESS WAY IKEJA LAGOS NIGERIA
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

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

Name	Street	City	State	Zip	Telephone
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

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

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 MA

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 EMMANUEL O ALONGE		3636 W. IMPERIAL HWY APT #127 INGLEWOOD, CA 90303	CLERGY MAN (APOSTLE)
Mother AGNES M JACOB		3636 W. IMPERIAL HWY APT #127 INGLEWOOD, CA 90303	CLERGY WOMAN (PROPHETESS)
Father-in-Law (DECEASED) RASHEED A HAZZAN		8201 W. BELLFORT ROAD #142 HOUSTON TX 77071	PUBLICIST/ MUSICIAN
Mother-in-Law (DECEASED) IDAYAT CHRISTIANA ASAGBE		#53 ILUPESU EXP WAY PALMGROVE, LAGOS NIGERIA	BUSINESS TYPCOON

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
RHONDA ALONGE		300 GEMSTONE TRAIL ARLINGTON TX 76001	PHARMACY TECH
Spouse OLA DANIEL		300 GEMSTONE TRAIL ARLINGTON TX 76001	COMPUTER ENGINEER
FUNMILOLA ALONGE		NO 360 LOW COST HOUSE ESTATE OLOSE, ILORIN KWARA STATE (NIG)	COMMUNICATION SPEC.
Spouse N/A			
ISACC ALONGE		NO 360 LOW COST HOUSE ESTATE OLOSE, ILORIN KWARA STATE NIGERIA	PASTOR
Spouse FUNMILAYO AINA		NO 360 LOW COST HOUSE ESTATE OLOSE, ILORIN KWARA STATE NIGERIA	FULL HOUSE WIFE
CLEMENT ALONGE		7077 ALVERN UNIT A-311 LOS-ANGELES, CA 90045	NURSING STUDENT
Spouse N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	CROCKETT JUNIOR HIGH SCHOOL	IRVING, TX	08/1995 - 05/1997	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	LEUZINGER HIGH SCHOOL	LAWDALE, CA	08/98 - 05/2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	EL CAMINO COMMUNITY COLLEGE	INGLEWOOD, CA	09/01 - 11/01	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	GEORGE WASHINGTON PRE. SCHOOL	LOS-ANGELES, CA	08/1997 - 05/98	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any _____ CERTIFIED NURSING ASSISTANT _____

College or university where obtained _____ EL-CAMINO COLLEGE, INGLEWOOD CAMPUS _____

Applicant's initial _____ M.A. _____

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

- F. Have you every had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when?.....city, county and state.....

- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when?.....city, county and state.....

- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
Present - 03/2010	11544 ARUBA BEACH AVE	LAS-VEGAS	NV (CLARK)
03/2010 - 07/2009	10044 BARENGIO AVE	LAS-VEGAS	NV (CLARK)
07/2008 - 07/2009	10064 BARENGIO AVE	LAS-VEGAS	NV ✓
10/2006 - 07/2008	10017 BONTERRA AVE	LAS-VEGAS	NV ✓
12/2005 - 10/2006	3700 E. BONANZA ROAD #1224	LAS-VEGAS	NV (CLARK)
12/2004 - 12/2005	3700 E. BONANZA ROAD #1123	LAS-VEGAS	NV (CLARK)
03/2001 - 12/2004	3924 N. 13TH STREET APT #1	INGLEWOOD	CALIFORNIA (INGLEWOOD)
04/1999 - 03/2001	12931 KORNBLUM AVENUE APT D	HAWTHORNE	CA
06/98 - 04/1999	1946 N. WESTERN AVE #4	LOS ANGELES	CA
02/1995	240 W. ROCHELLE PLACE RD #12466	IRVING	TX
06 to 1998			

Applicant's initial M.A.

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
07/2009 to Present	TROPICANA MEDICAL SUPPLY, INC 5020 E. TROPICANA AVE B-S LV NV 89122	PRESIDENT/OWNER
Title	Description of Duties	Name of Supervisor
HUMAN RESOURCES	MANAGERIAL DUTIES, HIRING, NEW APPLICANT OVERSEEING, ALL OFFICIAL ACTI	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2009	DESSERT LANE LLC 640 DESSERT LANE LAS-VEGAS, NV 89106	MEDICAL PURPOSE
Title	Description of Duties	Name of Supervisor
NURSING ASSISTANT	PATIENT CARE/SERVICES	MARIE C

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2008	SILVER HILLS HEALTH CARE CENTER 3450 N. BUFFALO DRIVE LAS-VEGAS NV 89129	CHANGE OF ENVIRONMENT (MOVED)
Title	Description of Duties	Name of Supervisor
NURSING ASSISTANT/PATIENT CARE MANAGER		LORETTA DARVIN

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2006	MANOR HEALTH CARE CENTER 8501 DEL WEBB BLVD LV NV 89134	OFFERED BETTER OPP.
Title	Description of Duties	Name of Supervisor
NURSING ASSISTANT	PATIENT CARE SERVICES	GAYLE GREEN

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/2005	THE HEIGHT OF SUMMER LIN 1050 PARK RUN DRIVE LV NV 89144	MATERNITY SITUATION
Title	Description of Duties	Name of Supervisor
NURSING ASSISTANT/PATIENT CARE SPECIALIST		CONNIE J

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
(02/05 - 11/2008)	ASSOCIATE HEALTH SERVICES PROFESSIONAL 2675 S. JONES BLVD #105 LV NV 89146	BUSINESS CLOSED
Title	Description of Duties	Name of Supervisor
NURSING ASSISTANT/PATIENT CARE SPECIALIST		KYLE JOHNSON

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2002 - 02/2005	ASSOCIATE HEALTH PROFESSIONAL 361 HOSPITAL RD #522 NEWPORT BEACH, CA	TRANSFERRED TO NV
Title	Description of Duties	Name of Supervisor
NURSING ASSISTANT/PATIENT CARE SPECIALIST		KYLE JOHNSON

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2002 - 02/2004	PACIFIC NURSES PROVIDER 3540 WILSHIRE BLVD #404 LA, CA 90010	MOVED/CHANGE OF ENVIRONMENT
Title	Description of Duties	Name of Supervisor
(CERTIFIED) NURSING ASSISTANT	PATIENT CARE	IVONE NELSON

If additional space is needed, continue on page 10 or provide attachment.

(CONTINUE ON PAGE 10)

Applicant's initial M.A Page

ADDITIONAL INFORMATION

⇒ 01/2002 — 09/2002 NOW NURSES REGISTRY, INC OFFERED BETTER POSI
 291 S. LA CIENEGA BLVD #402
 BEVERLY HILLS, CA 90211
 NURSING ASSISTANT PATIENT CARE / SERVICES BEVERLY NIXON

⇒ 01/1999 — 07/2000 BURGER KING FAST FOOD RESTAURANT (SCHOOL WORK)
 4005 ROSECrans AVENUE
 LAWDALE, CA 90260 AKINFOLARIN
 JOHNSON

Applicant's initial M.A

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 OGUONNA IFERNYI	Home 6151 MOUNTVISTA #1823	HENDERSON	NV	89052		7 YRS
Employer SEVEN HILLS	Business 3021 HORIZON RIDGE HENDERSON, NV			89052		
Name NGOZI OBI	Home 1267 HAWTHORNE BLVD, CA			90251		10 YRS
Employer VOLT TECHNICAL SERVICE	Business 4900 RIVERGRADE ROAD IRVINDALE, CA			91706		
Name AYODEJI KARUN WI	Home 18208 COLTSMAN AVE CARSON, CA			90746		18 YRS
Employer BARNES HM H&B	Business 909 E. 239TH STREET, CARSON, CA			90745		
Name PA. HEZEKIAH NSIM	Home 6531 MOUNT PALMER COURT LAS-VEGAS, NV			89156		7 YRS
Employer RCCG HOP	Business (PASTOR) 11555 E. FLAMINGO RD LV NV			89119		
Name ESTHER GONZALES	Home 3507 MOREJO CT LAS-VEGAS, NV			89129		5 YRS
Employer ESTHER DAY CARE	Business 3507 MOREJO CT LAS-VEGAS NV			89129		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

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

Applicant's initial M.A

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 06/24/2010

Applicant's initial M.A

Page

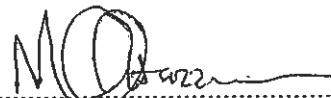
STATE OF Nevada

ss.

COUNTY OF Clark

I, MERCY O. ALONGE, 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 manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

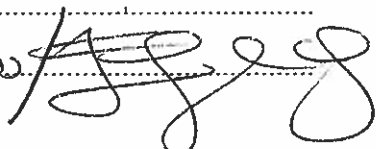


Signature of Applicant

Subscribed and Sworn to before me this 20th day of

July, 2010.

Elizabeth Campos
Notary Public



(seal)



Applicant's initial MA

Page

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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 X Name Change X Location Change _____
Please provide current license number if making changes: MP00372

FACILITY INFORMATION

Facility Name: Van Gorder + Associates, Inc dba: WST Las Vegas

Physical Address: 2470 N Decatur Blvd Suite 115 Las Vegas, NV, 89108
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2470 N Decatur Blvd Suite 115

City: Las Vegas State: NV Zip Code: 89108

Telephone Number: (702) 869-8300 Fax Number: (702) 221-8308

E-mail: John@wssmedical.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

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

Name: Linda Van Gorder

**Please complete the attached form. Must be included with the application.

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 SEP 21 2010 Check Number 884 Amount 500-

54972
1167

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: _____
Corporation Name: Van Gorder & Associates, Inc
Mailing Address: 2470 N Decatur Blvd Suite 115
City, State and Zip: Las Vegas, NV, 89108
Telephone Number: (702) 869-8300 Fax Number: (702) 221-8308
License Contact Person: Linda Van Gorder
Professional Compliance Contact Person: Linda Van Gorder

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>Linda Van Gorder</u>	<u>President</u>
<u>John Van Gorder</u>	<u>Director</u>

For any corporation non publicly traded, disclose the following:

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

a) Linda Van Gorder 6305 Kraft Ave, Las Vegas, NV, 89130
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. 1,000
- 3) What was the price paid per share? 0
- 4) What date did the corporation actually receive the cash assets? N A
- 5) Provide a copy of the corporations stock register evidencing the above information.

NA

Wheelchair Sales + Service, Inc Medicare # 1193110002
Wheelchair Sales + Service, Inc Medicaid # 100509543

- | | | |
|----|----------|---------|
| a) | NA | |
| | Name | Address |
| | Business | |
| b) | | |
| | Name | Address |
| | Business | |
| c) | | |
| | Name | Address |
| | Business | |
| d) | | |
| | Name | Address |
| | Business | |

- a) Bill Downs 14001 W Illinois Hwy, New Lenox, IL, 60451
Name Address
Wheelchair Sales + Service, Inc
Business
- b) _____
Name Address

Business
- c) _____
Name Address

Business

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

___ 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.

Linda Van Garder
Signature of corporation officer

9/10/10
Date

Linda Van Garder President
Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 9/10/10

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 Equipment Provider
Van Gorder & Associates, Inc. Nature of MDEG 2470 N Decatur Blvd Suite 115
dba: U/S & S Las Vegas Las Vegas, NV, 89108
Name and Address of Business for Which MDEG Administrator Is Requested
Wheelchair Sales & Service, Inc.
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Van Gorder
Last Name

Linda
First Name

Jean
Middle Name

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

6305 Kraft Ave Las Vegas NV 89108
Present Residence Address-Street or RFD City State/Zip

2470 N Decatur Blvd #115 Las Vegas NV 89108
Present Business Address City State/Zip

Office Manager 5/2006 - Present
Present Position with the MDEG

Phone: (702) 869-8300 Fax: (702) 221-8308

Email address: _____

Evergreen Park, Cook, IL
Place of Birth (City, County, State)

53
Age

F
Sex

Green
Color of Eyes

Brown
Color of Hair

210 lbs
Weight

5'6"
Height

Scars, tattoos or distinguishing marks and/or characteristics NA

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

If alien, registration No NA

If naturalized, certificate No NA Date NA

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

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Wheel chair Sales + Service, Inc
5/2006 - Present *2470 N Decatur Blvd #115 LV, NV, 89108* *9,000*
Month and Year Name/ Address of Employer/Business No of Employed Hours
Employee Management, Authorization
Office Manager *Processing, Intake, Customer Service* *John Van Garder*
Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: NA

b) Date: NA

Case Number: NA

c) Criminal Action: State: NA

Date: NA

Case Number: NA

County: NA

Court: NA

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.

NA

ATT

T,

Date of ph



I, Linda Van Gorder, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Linda Van Gorder

Signature of Applicant

PERSONAL HISTORY RECORD

Date 9/10/10

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 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 Medical Equipment Provider
Nature of License 2470 N Decatur Blvd #115
Van Gorder & Associates, Inc. dba WST-5 Las Vegas Las Vegas, NV, 89108
Name and Address of Establishment for Which License Is Requested
Wheelchair Sales & Service, Inc.
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Van Gorder First Name Linda Middle Name Jean
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

NA
Present Residence Address-Street or RFD City State/Zip

6305 KRAFT Ave Dates 12/1996 - Present Las Vegas, NV, 89130
Present Business Address City State/Zip

2470 N Decatur Blvd #115 Dates 11/2007 - Present Las Vegas, NV, 89108
Occupation Phone:

Office Manager Residen
Business
Fax

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

Evergreen Park, Cook, Illinois
Social Security Number Sex

53 Color of Eyes Colc Weight Build Height

Green Brown White 210lbs Average 5'6"

Scars, tattoos or distinguishing marks and/or characteristics NA

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

If naturalized, certificate No NA Date NA

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

2. MARITAL INFORMATION:

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

MARITAL INFORMATION-Continued

A. **Current Marriage** 6/18/1977 Posen, Cook, Illinois
Date City, County and State
 Spouse's full name (Maiden) John Earl Van Gorder
 Date of Bti _____ Place of Birth Chicago, Cook, Illinois
 Resident address 6305 Kraft Ave Las Vegas NV 89130
Street City State Zip
 Telephone: Res _____ 1. Business (702) 869-8300
 Spouse's employer WSTS Las Vegas Occupation Rehab Professional, ATP
 Address of employer 2470 N. Decatur Blvd #15 Las Vegas, NV 89108
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
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NA

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

Name	Street	City	State	Zip	Telephone
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NA

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
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NA

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 KVA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name NA

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		14512 Sherman Ave	deceased
Orville Gordon		Posen, IL 60469	Factory Work
Mother		W 5410-1 Hwy G	
Stepfather-in-Law		2 Mauston, WI 53948	Home Maker
Stepmother-in-Law		6305 Kraft Ave	deceased
John Van Gorder, Sr		LV, NV, 89130	Operating Engineer
Mother-in-Law		609 Willow Wick	
Reba Oliver (Jennings)		North Las Vegas, NV 89031	Office Work

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
Sharon Athens (Gordon)		14512 Sherman Ave, Posen, IL, 60469	Teachers
Spouse			Assistant
David Athens		14512 Sherman Ave, Posen, IL, 60469	Auto Parts

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	ST. Stanislaus	Posen, IL	1963-1971
High School	Bremen High School	Midlothian, IL	1971-1975
College			
University			
Other			

Type of degree obtained, if any NA

College or university where obtained NA

Applicant's initial YWA

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch NA Date of entry-active service NA

Date of separation NA Type of discharge NA

Rating at separation NA Serial number NA

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 NA State NA Date registered NA

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
<u>NA</u>					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒
- 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
<u>NA</u>				

Applicant's initial SVH 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
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NA

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

NA

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
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12/1996 - Present	6305 Kraft Ave	Las Vegas, NV	89130
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4/1988 - 12/1996	11249 Marilyn Way	Makina, IL	60448
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6/1979 - 4/1988	14512 Sherman Ave	Posen, IL	60469
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Applicant's initial LVH

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
5/2006 - Present	Wheelchair Sales & Service 2470 N. Decatur Blvd Ste 115 LV, NV, 89108	Present
Title	Description of Duties	Name of Supervisor
Office Manager	Employee Management, Authorization Processing, Intake, Customer Service	John Van Gorder
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2006 - 5/2006	Van Gorder & Associates, Inc 6305 Kraft Ave, LV, NV, 89130	Started LV Branch of Wheelchair Sales & Service
Title	Description of Duties	Name of Supervisor
Owner	Manufacturer Representative	Owner
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2005 - 12/2005	Miller Companies 7260 W Lake Mead #6 LV, NV, 89128	better opportunity
Title	Description of Duties	Name of Supervisor
Accounting Clerk	Accounting	Amber
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2003 - 6/2005	Van Gorder & Associates, Inc 6305 Kraft Ave LV, NV 89130	Slow down in business
Title	Description of Duties	Name of Supervisor
Owner	Manufacturers Representative	Owner
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2000 - 8/2003	Fiesta Casino 2400 N Rancho, NLV, NV 89130	To help van Van Gorder & Associates, Inc
Title	Description of Duties	Name of Supervisor
Slot Auditor	Accounting for Slots	Jamie McNulty
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/1997 - 6/2000	Stocks Mail / Commercial Air 411 East Bonanzaville Ste 2 LV, NV, 89101	Went out of business
Title	Description of Duties	Name of Supervisor
General Office	Office Work	Jackie Allan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1997 - 4/1997	Eastridge Personnel 4220 S Marilyn Pkwy Ste 205 LV, NV, 89119	Found full time position
Title	Description of Duties	Name of Supervisor
Office Temp	Various Office	Do not remember
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/1996 - 1/1997	Unemployed	Moving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

Applicant's initial XV

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
2/1985-8/1996	Northern Illinois Gas PO Box 190 Aurora, IL, 60507	Moved from Illinois
Title	Description of Duties	Name of Supervisor
General Clerk	General Office Work	Roger Russell
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/1984-1/1985	Prudential Insurance Maiteson, Illinois	Better Opportunity
Title	Description of Duties	Name of Supervisor
Claims Payer	Paying insurance claims	Un Known
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/1982-1/1984	Wagon Wheel Western Wear 30 W Circle Drive, New Lenox, IL 60451	Part Time Job
Title	Description of Duties	Name of Supervisor
Sales Clerk	Store Sales	John Van Gorder, Sr
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/1977-2/1985	Montgomery Wards Posen, IL	Reduction in hours
Title	Description of Duties	Name of Supervisor
General Office	Office work	Joe Talbert
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

Applicant's initial W.G.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Lori McFadden Home</u>	<u>6900 Craig Rd,</u>	<u>LV,</u>	<u>NV</u>	<u>89108</u>		<u>10yrs</u>
Employer <u>Mini Masters</u>		Business <u>Same as Above</u>		<u>6044</u>		
Name <u>Andrea Kaminski Home</u>	<u>4921 W 147th,</u>	<u>Midlothian,</u>	<u>IL</u>			<u>53yrs</u>
Employer <u>ST. Demien School</u>		Business <u>unknown</u>				
Name <u>Randy Ludke Home</u>	<u>4900 W 143rd</u>	<u>IL</u>	<u>60445</u>			<u>38yrs</u>
Employer <u>Liddell's Auto Body</u>		Business <u>Cicero Ave, Crestwood</u>				
Name <u>Rachel Link Home</u>	<u>1440 Virginia Ave</u>	<u>Downers Grove,</u>	<u>IL</u>	<u>60515</u>		<u>15yrs</u>
Employer <u>unknown</u>		Business <u>unknown</u>				
Name <u>Gayle Farvell Home</u>	<u>19234 Fairmont</u>	<u>Mokena</u>	<u>IL</u>	<u>60448</u>		<u>30yrs</u>
Employer <u>unknown</u>		Business <u>unknown</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

NA

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.

NA

Applicant's initial YVH

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.

NA

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

NA

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

NA

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

NA

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

NA

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.

NA

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.....

NA

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

NA

AT

W



Date of photograph 9-10-10

Applicant's initial NA

STATE OF Nevada

SS.

COUNTY OF Clark

I, Linda Van Gorder, 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.

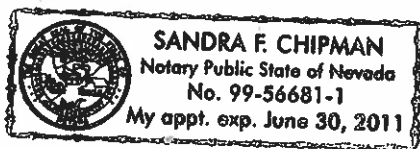
Linda Van Gorder
Signature of Applicant

Subscribed and Sworn to before me this 10th day of

September 2010

Sandra F. Chipman
Notary Public

(seal)



County of Clark

Applicant's initial LVB

Blank

Request to Amend Order

Hello Jeri,

Per our conversation this morning September 2nd, 2010, I am faxing you this request appear before the Board on either October 13th or 14th, 2010 to request an amendment to my order that I may manage a pharmacy. Please contact me to either confirm or deny my request. Thank you.

Respectfully,



Henry A. Miller R.Ph.

Lic# 13722

41

219 Malcolm Street

Henderson, NV

89074



PRN/PRN of Nevada

(702) 251-1377

9/15/10

To; Nevada Board of Pharmacy

Re: Henry Miller

This is to inform you that PRN is supportive of Mr. Miller gaining the privilege of being a managing Pharmacist. He has been in the PRN program since 01/07/09 and has met all conditions to date. He displays a positive attitude towards his recovery and is active in groups.

If you require any further information please feel free to contact me. Release of information on hand. (702) 251-1377.

Respectfully Submitted



Larry Espadero, LADC #00318L
PRN Monitor

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**HENRY A. MILLER, R.Ph.,
Certificate of Registration #13722,**

Respondent.
_____ /

**ORDER GRANTING REQUEST
FOR REINSTATEMENT BY
HENRY A. MILLER, R.Ph.**

Case No. 08-006-RPH-S

This matter was originally heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 4, 2008 Reno, Nevada, at which time the board took testimony and admissions from Mr. Miller. At the hearing on June 4, 2008, Mr. Miller was represented by Erick M. Ferran of Patti, Sgro & Lewis from Las Vegas, Nevada. Because of the stipulation of the parties, Board Staff presented no testimony or evidence. As a result of the hearing, on June 4, 2008, the Board issued Findings of Fact, Conclusions of Law, and Order. The Board's Order placed Mr. Miller's license on probation for five years with many conditions, including PRN-PRN and restitution to the victims, and required that his license be suspended for a period of one year before he could apply for reinstatement after June 5, 2009.

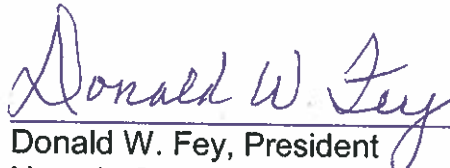
Mr. Miller requested that he be reinstated and provided accompanying documents seeking reinstatement of his license. Pursuant to NRS 639.257, a hearing was held on Mr. Miller's request for reinstatement on June 3, 2009.

At the hearing on June 3, 2009, Mr. Miller appeared and represented himself; also appearing with Mr. Miller was Larry Espadero of PRN-PRN. Mr. Miller presented evidence and testimony that demonstrated that he has fully complied with the terms of his probation by making restitution to Smiths and OnePoint and was in compliance with

PRN-PRN. Mr. Miller plead for his license to be reinstated and answered questions from the Board regarding what he had learned from the consequent suspension of his Nevada pharmacist's license with sincerity and confidence. Finally, Mr. Espadero testified in support of Mr. Miller's request for reinstatement stating the Mr. Miller has grown and learned through his participation in the PRN-PRN program.

Based upon Mr. Miller's presentation and demeanor at the hearing on June 3, 2009, we find that reinstatement of Mr. Miller's license on June 5, 2009 is in the public interest. Consequently, we hereby reinstate Mr. Miller's pharmacist's license (#13722) subject to the condition that he continue with the PRN-PRN program as previously ordered in the Board's Order dated July 3, 2008.

Signed and effective this 30th day of June, 2009.


Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

HENRY A MILLER, R.Ph,
Certificate of Registration #PT13722,

Respondent.

FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND ORDER

Case No. 08-006-RPH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 4, 2008, in Reno, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Henry A. Miller appeared and was represented by Erick M. Ferran of Patti, Sgro & Lewis from Las Vegas, Nevada. Based on the presentation of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Mr. Miller agreed that the facts alleged in the Notice of Intended Action and Accusation were true and correct. Based upon Mr. Miller's admissions and stipulations, Board Staff did not present any testimony. Mr. Miller testified on his own behalf by way of mitigation and explanation, and he presented the testimony of Larry Espadero from PRN-PRN. Based upon the presentations, admissions, and stipulations of the parties, the Board finds the following to be the facts of the matter.

2. In 2007, Mr. Miller was employed as a pharmacist at Smith's Pharmacy #349 (Smiths #349) in Las Vegas, Nevada. Mr. Miller was terminated from his employment at Smiths #349 on August 15, 2007 for taking a newspaper and gum without paying for them. After Smiths #349 terminated Mr. Miller, it conducted an audit of its controlled

substances and ultimately found that for the period of May 2007 through August 15, 2007, Mr. Miller had created 72 fraudulent prescriptions for hydrocodone products accounting for a total of 16,020 dosage units of hydrocodone, the value of which Smiths #349 estimated to be \$3,714.29. Smiths #349 subsequently informed the Board of the results of its audit and its conclusions regarding Mr. Miller's fraudulent actions.

3. After Mr. Miller was terminated by Smiths #349, he began working as a pharmacist at Professional Pharmacy, Inc. which does business in Las Vegas as OnePoint Patient Care (OnePoint). OnePoint is a closed-door pharmacy that serves hospice patients and assisted-living residents. While at OnePoint, Mr. Miller began a practice of creating false prescriptions for patients of OnePoint which he then filled and removed for his own use. The false prescriptions were for hydrocodone products and alprazolam 2 mg. tablets. Through this scheme of creating false prescriptions, for the period of October 22, 2007 through March 5, 2008, Mr. Miller removed a total of 19,153 dosage units of hydrocodone products and 2,240 units of alprazolam 2 mg. for his personal use and without lawful authorization therefore.

4. On March 31, 2008, Board Staff received a letter from OnePoint by which OnePoint informed the Board of the results of its investigation regarding Mr. Miller. As a result of receiving the letter from OnePoint, on April 3, 2008, the Board's Executive Secretary Larry L. Pinson, Pharm.D. issued a Notice of Immediate and Temporary Suspension of Pharmacist's License, thereby suspending Mr. Miller's pharmacist's license. The suspension notice was served upon Mr. Miller through service upon his attorney on April 7, 2008.

5. At hearing, Mr. Miller explained that before he studied pharmacy, he had been a football player at the college level. While playing football, Mr. Miller severely

injured a knee, resulting in subsequent surgeries and chronic and lingering pain. Mr. Miller explained that he began removing hydrocodone products from Smiths #349 and continued the removing of hydrocodone products from OnePoint (and also alprazolam 2 mg.) to self-treat the pain he suffered daily. Mr. Miller explained that he realized that what he was doing was wrong, but once he became accustomed to the hydrocodone and its effects, he could not stop. Mr. Miller testified that he tried to quit several times, but could not. He admitted that he was taking 40 or more dosage units of hydrocodone per day. Mr. Miller began taking the alprazolam 2 mg. to assist him with sleeping and the guilt and anxiety caused by his fraudulent conduct. Mr. Miller also explained that he did not consume all of the thousands of tablets of hydrocodone he had removed from Smiths #349 and OnePoint and was hoarding some of the controlled substances in case he was ever caught.

6. Mr. Miller explained that his pain issues persisted and effected his ability to continue to train with weights, although Mr. Miller appeared at the hearing to be extraordinarily muscular. Board members questioned Mr. Miller as to whether he used anabolic steroids or HGH, and Mr. Miller denied doing so. Mr. Miller also denied selling or trading any of the hydrocodone or alprazolam he had unlawfully procured to other people to obtain other drugs, including anabolic steroids or HGH.

7. Mr. Espadero testified that Mr. Miller entered the PRN-PRN program in May 2008 and that Mr. Miller appeared to be working well within his substance abuse treatment program. Mr. Espadero stated that it was too early in Mr. Miller's treatment to render an opinion regarding Mr. Miller's future prognosis. Mr. Espadero stated that Mr. Miller's urine samples had all tested negative since Mr. Miller joined the PRN-PRN program, and Mr. Miller testified that he had been clean and sober since entering the

PRN-PRN program. Mr. Miller also testified that he had destroyed all of the hoarded controlled substances.

CONCLUSIONS OF LAW

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

2. In removing controlled substance, namely hydrocodone and alprazolam, from two employing pharmacies without lawful order or authorization therefore, Mr. Miller violated NRS 453.331(1)(d) and (f), 453.336(1), and 639.210(1) and (4) and NAC 639.945(1)(h) and (i).

3. In creating false, fraudulent, or deceitful records regarding controlled substances at Smiths #349, including but not limited to false prescriptions and false entries into the Smiths #349 computer system, Mr. Miller violated NRS 4563.331(10)(e) and 639.210(1), (4), and (12) and NAC 639.945(1)(h) and (i).

4. In charging himself the discounted price of \$55.99 for the false hydrocodone prescriptions he removed from Smiths #349, thus realizing a financial benefit estimated to exceed \$3,700.00, Mr. Miller violated NRS 639.210(1) and (4) and NAC 639.945(h).

5. In removing controlled substances, namely hydrocodone products and alprazolam, from OnePoint without lawful order or authorization therefore, Mr. Miller violated NRS 453.331(1)(d) and (f), 453.336(1), and 639.210(1) and (4) and NAC 639.945(1)(h) and (i).

6. In creating false, fraudulent, or deceitful records regarding controlled substances at OnePoint, including but not limited to false prescriptions and false entries into the OnePoint computer system, Mr. Miller violated NRS 453.331(1)(e) and 639.210(1), (4), and (12) and NAC 639.945(1)(h) and (i).

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Mr. Miller's pharmacist's license (#13722) shall be placed on probation for a period of at least five years from the effective date of this Order, subject to the following terms and conditions:

a. Mr. Miller's pharmacist's license shall be suspended for a period of at least one year from April 1, 2008, during which time Mr. Miller may not be employed in any business or facility licensed or registered by this Board. Mr. Miller may apply for reinstatement of his pharmacist's license at any time after June 5, 2009 only if:

(1) He provides written evidence that he has paid restitution to Smiths #349 and OnePoint in such amounts and under such circumstances as were reasonably acceptable to each pharmacy.

(2) He schedules an appearance before the Board at which he would appear with a representative of PRN-PRN. The purpose of the appearance before the Board is to allow the Board the opportunity to ascertain whether Mr. Miller can safely and lawfully return to the practice of pharmacy. At any such appearance, the Board may add additional terms and conditions.

b. Mr. Miller shall remain compliant with his treatment agreement with PRN-PRN upon such terms and conditions as PRN-PRN shall deem necessary and appropriate. Mr. Miller shall comply fully with the terms and conditions required of him by PRN-PRN. Mr. Miller's probation shall be for such a term as PRN-PRN determines to be necessary and appropriate. Any violation of Mr. Miller's PRN-PRN agreement shall constitute a violation of this Order.

c. If and after Mr. Miller's pharmacist's license is reinstated, Mr. Miller may not be employed or serve as a managing pharmacist.

d. Mr. Miller shall notify his present employer and any potential employers licensed or registered by this Board of the existence and terms of this Order and shall provide a copy of this Order to his employer or potential employer.

e. Mr. Miller shall provide to PRN-PRN a copy of or notification of any prescription he receives from a physician. If Mr. Miller seeks a prescription for a controlled substance, he shall assure that the physician is notified of this Order before the physician prescribes a controlled substance for Mr. Miller.

f. PRN-PRN shall notify the Board's office of any breach of his treatment agreement committed by Mr. Miller. The Board's staff shall evaluate and, if it deems necessary, investigate the breach and shall take such action, including seeking additional discipline, as the Board's staff deems appropriate.

g. PRN-PRN shall notify the Board's office of Mr. Miller's successful completion of his treatment agreement. If Mr. Miller has otherwise complied with the terms of this Order, his probation shall terminate upon the Board office's receipt of the notification from PRN-PRN if such notification is received after the passage of five years from the effective date of this Order. If Mr. Miller completes his treatment agreement with PRN-PRN prior to the passage of five years from the effective date of this Order, then he shall remain on probation until the passage of five years from the effective date of this Order.

h. Mr. Miller shall comply with all laws relating to the practice of pharmacy, whether state or federal, statute or regulation.

i. If Mr. Miller intends to reside outside of Nevada, he must:

(1) Notify PRN-PRN and the Board in writing at least two weeks before he departs the state;

(2) Enroll in a substance abuse treatment program sponsored by or affiliated with the board of pharmacy in the state in which he intends to make his residence, if such a program is available. If such a program is unavailable, then Mr. Miller shall attempt to obtain private substance abuse treatment. Mr. Miller shall notify PRN-PRN that he has enrolled in a sister-state program or a private program within two weeks after he has moved to the new state. PRN-PRN shall correspond with the sister-state program or the private program to assure that the program will operate in a manner satisfactory to PRN-PRN. While Mr. Miller is enrolled in a sister-state or private program, his treatment shall be monitored by PRN-PRN, and any violation of the out-of-state program shall constitute a violation of Mr. Miller's treatment agreement with PRN-PRN and this Order.

j. If Mr. Miller is not able to reasonably enroll in an out-of-state programs pursuant to paragraph (2) above, then he shall notify the Board office and PRN-PRN that of his inability to enroll, and this Order will thereafter be stayed until Mr. Miller either enrolls in an out-of-state program or until Mr. Miller again resides in Nevada and re-enrolls in the PRN-PRN program.

k. Mr. Miller shall be responsible for and shall pay all fees and costs related to his substance abuse treatment pursuant to this Order. A failure to pay any of these fees or costs for treatment shall be deemed a violation of this Order.

2. Upon receipt of credible information that Mr. Miller has failed to comply with any term of this Order, the Board's Executive Secretary shall be authorized to

immediately suspend Mr. Miller's license. The Board's Executive Secretary shall also prepare and file such documents as are necessary to allow the Board to impose further discipline, up to and including revocation of Mr. Miller's license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 3rd day of July, 2008.

A handwritten signature in black ink, appearing to read "Barry Boudreaux", written over a horizontal line.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

ORDER OF REINSTATEMENT

v.

**STEVEN J. SHAVER, R.Ph.,
Certificate of Registration #8712,**

Case No. 03-035-RPH-S

Respondent.

_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 22, 2004, in Las Vegas, Nevada pursuant to Mr. Shaver's request for reinstatement. The Board was represented by Louis Ling, General Counsel for the Board. Respondent Steven J. Shaver appeared and represented himself. The Board received testimony from Larry Espadero and Mr. Shaver.

Mr. Espadero and Mr. Shaver testified to Mr. Shaver's commitment to his recovery since his license was revoked per the Board's Order dated August 12, 2003. Mr. Shaver's demeanor appeared sincere, and he appeared to be fully committed to maintaining his sobriety and his good standing in the PRN-PRN program. Mr. Shaver confidently asserted that the Board "would never see him again." The Board accepts Mr. Espadero's and Mr. Shaver's representations, but must caution that it has heard similar representations in the past and every time past Mr. Shaver has ultimately disappointed Mr. Espadero, the Board, and himself. The Board is satisfied that Mr. Shaver has demonstrated that presently it is in the public's interest to allow him to again practice pharmacy, but by this Order the Board must caution that this will be Mr. Shaver's last such opportunity.

Based upon Mr. Shaver's and Mr. Espadero's testimony, Mr. Shaver's license is hereby reinstated subject to the following terms and conditions:

1. Mr. Shaver's registration (#08712) is placed on probation according to the following terms and conditions:

a. Mr. Shaver shall continue with his present treatment agreement with PRN-PRN upon such terms and conditions as PRN-PRN shall deem necessary and appropriate. Mr. Shaver shall comply fully with the terms and conditions required of him by PRN-PRN. Mr. Shaver's probation shall be for such a term as PRN-PRN determines to be necessary and appropriate, but in no case less than 10 years from the effective date of this Order. Any violation of Mr. Shaver's PRN-PRN agreement shall constitute a violation of this Order.

b. Mr. Shaver may not be employed or serve as a managing pharmacist.

c. Mr. Shaver shall notify his present employer and any potential employers of the existence and terms of this Order and shall provide a copy of this Order to his employer or potential employer.

d. Mr. Shaver shall provide to PRN-PRN a copy of or notification of any prescription he receives from a physician. If Mr. Shaver seeks a prescription for a controlled substance, he shall assure that the physician is notified of this Order before the physician prescribes a controlled substance for Mr. Shaver.

e. PRN-PRN shall notify the Board's office of any breach of his treatment agreement committed by Mr. Shaver. The Board's staff shall evaluate and, if it deems necessary, investigate the breach and shall take such action, including seeking additional discipline, as the Board's staff deems appropriate.

f. PRN-PRN shall notify the Board's office of Mr. Shaver's successful completion of his treatment agreement. If Mr. Shaver has otherwise complied with the terms of this Order, his probation shall terminate upon the Board office's receipt of the notification from PRN-PRN.

g. Mr. Shaver shall comply with all laws relating to the practice of pharmacy, whether state or federal, statute or regulation.

2. If Mr. Shaver intends to reside outside of Nevada, he must:

a. Notify PRN-PRN and the Board in writing at least two weeks before he departs the state;

b. Enroll in a substance abuse treatment program sponsored by or affiliated with the board of pharmacy in the state in which he intends to make his residence, if such a program is available. If such a program is unavailable, then Mr. Shaver shall attempt to obtain private substance abuse treatment. Mr. Shaver shall notify PRN-PRN that he has enrolled in a sister-state program or a private program within two weeks after he has moved to the new state. PRN-PRN shall correspond with the sister-state program or the private program to assure that the program will operate in a manner satisfactory to PRN-PRN. While Mr. Shaver is enrolled in a sister-state or private program, his treatment shall be monitored by PRN-PRN, and any violation of the out-of-state program shall constitute a violation of Mr. Shaver's treatment agreement with PRN-PRN and this Order.

3. If Mr. Shaver is not able to reasonably enroll in an out-of-state programs pursuant to paragraph (2) above, then he shall notify the Board office and PRN-PRN that of his inability to enroll, and this Order will thereafter be stayed until Mr. Shaver

either enrolls in an out-of-state program or until Mr. Shaver again resides in Nevada and re-enrolls in the PRN-PRN program.

4. Mr. Shaver shall be responsible for and shall pay all fees and costs related to his substance abuse treatment pursuant to this Order. A failure to pay any of these fees or costs for treatment shall be deemed a violation of this Order.

5. Upon receipt of credible information that Mr. Shaver has failed to comply with any term of this Order, the Board's Executive Secretary shall be authorized to immediately suspend Mr. Shaver's license. The Board's Executive Secretary shall also prepare and file such documents as are necessary to allow the Board to impose further discipline, up to and including revocation of Mr. Shaver's license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 18th day of August, 2004.



Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND ORDER

STEVEN J. SHAVER, R.PH.,
Certificate of Registration No. 08712,

Case No. 03-035-RPH-S

Respondent.

_____ /

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on August 7, 2003 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel for the Board. Respondent Steven J. Shaver appeared and represented himself. The Board received testimony from Larry Espadero. Based on the presentations of the parties, the admissions of Mr. Shaver, and the public records in the possession and control of the board, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. On January 20, 1994, the Board entered a Stipulation and Order regarding Mr. Shaver because Mr. Shaver had dispensed a prescription for Phenergan 12.5 mg. tablets #20 with Phenergan 12.5 mg. suppositories #20 and because Mr. Shaver had dispensed prescriptions for Percocet and Pen VK tablets without labels on the vials. Mr. Shaver agreed to and did pay a fine of \$150.00 and an administrative costs of \$100.00, and he received a private letter of reprimand.
2. Because Mr. Shaver paid his fine and costs with a check drawn on insufficient funds, the Board suspended his license until January 20, 1995.
3. On August 24, 1994, the Board held a hearing regarding Mr. Shaver's request that his suspension be lifted. At the hearing, Mr. Shaver admitted that he was a habitual user of phentermine and Tenuate and that he consumed at least five alcoholic

drinks per day and had done so for approximately the ten years preceding. Mr. Shaver explained that he had entered a substance abuse treatment program on about August 15, 1993 and that he would continue to seek and receive treatment for his substance abuse problems. The Board did not reinstate Mr. Shaver's license.

4. On January 20, 1995, Mr. Shaver's Nevada license was reinstated.

5. On February 14, 1995, the Washington State Board of Pharmacy filed a Statement of Intent to Deny License Application against Mr. Shaver. Mr. Shaver had received a temporary license in Washington on January 21, 1993 that would have expired on March 1, 1994. Mr. Shaver had worked on the temporary license until August 1994. The bases for the denial of Mr. Shaver's permanent license were (1) that he had worked for six months after the expiration of his temporary license, (2) that he had misrepresented his licensure status in Nevada on his Washington application by failing to inform the Washington board of his Nevada disciplinary action, (3) that he had removed without a prescription from one of his employing Safeway #290 phentermine 30 mg. tablets, #100 Bontril PDM, and #45 Tenuate Dospan, (4) that he admitted to ownership of a vial containing #60 Tenuate 25 mg. tablets, #1 Tenuate Dospan 75 mg. tablet, #8 phentermine HCL 30 mg. capsules, #1 Fastin 30 mg. capsule, and one other unidentified tablet, (5) That an audit of another pharmacy at which Mr. Shaver had worked showed shortages of #110 Fastin 30 mg., #80 Tenuate 75 mg., and #260 lonamin 30 mg., and (6) that after being interviewed by a Washington board investigator, Mr. Shaver admitted to having an ongoing alcohol abuse problem for 8 years and that he would enter a substance abuse treatment program on September 14, 1994.

6. On October 2, 1995, the Washington State Board of Pharmacy entered Findings of Fact, Conclusions of Law, and Order barring Mr. Shaver from seeking a license from Washington for ten years. The Washington board also fined Mr. Shaver \$1,000.00 and ordered that before he could reapply for licensure he would need to

prove that he had obtained substance abuse treatment, including numerous random biological fluid tests, and that he was likely to remain abstinent.

7. At some point, Mr. Shaver returned to Nevada and began to practice pharmacy again. At his July 1998 hearing, Mr. Shaver testified that he did enter a two-week in-patient substance abuse treatment program while he was in Washington and that he had participated in a few weeks of aftercare. Aside from this brief treatment, Mr. Shaver had not attended any additional aftercare and had not entered into a substance abuse treatment agreement with PRN-PRN or any other program since the fall of 1995. Mr. Shaver also admitted that he continued to consume alcohol on a daily basis, though he claimed that he no longer abused any controlled substances.

8. In late 1995, Mr. Shaver was arrested and convicted of driving under the influence of alcohol in San Bernardino County, California. Mr. Shaver's California driver's license was suspended in January 1996.

9. On October 24, 1997, Board staff attempted to perform an audit on the controlled substances records at Vons #195, the pharmacy at which Mr. Shaver was then the managing pharmacist. Board staff found that Mr. Shaver could not produce a biennial inventory effective May 1, 1997, and, in fact, as of the date of the hearing of the matter no biennial inventory had been produced. The audit also showed considerable discrepancies regarding the following controlled substances: Ritalin 5 mg, 10 mg., 20 mg., and 20 mg. SR; Methylphenidate 5 mg., 10 mg., 20 mg., and 20 mg. ER; Percocet; Percodan; Roxicet; and Roxiprin.

10. On August 28, 1998, the Board issued its Findings of Fact, Conclusions of Law, and Order in Case Number 98-039-RPH-S. By that Order, Respondent Shaver was placed on probation to parallel with his contract with PRN-PRN, which would be until August 28, 2003. Mr. Shaver was also ordered to pay a fine of \$1,000.00.

11. One of the terms of the Order specified that failure to comply with any term of the Order would result in a fine of \$1,000 per day for every day that the term is not complied with, up to a maximum of \$30,000. Also, further discipline, up to and

including revocation of Respondent Shaver's license, could be imposed. Consumption of any alcohol would constitute a violation of Mr. Shaver's probation.

12. On January 20, 1999, the Board heard a request for reconsideration filed by Mr. Shaver regarding the Board's August 28, 1998 Order. By an Order on Motion for Reconsideration dated February 18, 1999 the Board denied Mr. Shaver's request for reconsideration.

13. On March 19, 1999, the Board filed a Notice of Intended Action and Accusation (Case No. 99-014-RPH-S) against Mr. Shaver, alleging that on March 3, 1999, Mr. Shaver had submitted a random urine sample that tested positive for alcohol. A hearing on the Accusation was held on April 28, 1999.

14. On May 27, 1999, the Board issued its Findings of Fact, Conclusions of Law, and Order by which the Board revoked Mr. Shaver's license.

15. On July 26, 2000, the Board held a hearing regarding Mr. Shaver's request for reinstatement. Based upon Mr. Shaver's presentation, including the persuasive testimony of William McCarroll from PRN-PRN, the Board determined to reinstate Mr. Shaver's license.

16. On August 22, 2000, the Board issued its Findings of Fact, Conclusions of Law, and Order re: Request for Reinstatement. By this Order, the Board reinstated Mr. Shaver's license subject to several conditions, which conditions included that Mr. Shaver continue to comply with his PRN-PRN substance abuse treatment agreement that Mr. Shaver had entered into as part of his August 28, 1998 Order.

17. On February 11, 2003, PRN-PRN notified the Nevada State Board of Pharmacy that Mr. Shaver had submitted a sample for urine analysis that tested positive for alcohol on January 16, 2003.

18. On April 4, 2003, the Nevada State Board of Pharmacy received notice from PRN-PRN that Respondent Shaver had submitted a sample for urine analysis that tested positive for alcohol on April 2, 2003.

19. At hearing, Mr. Espadero testified that Mr. Shaver's compliance with the PRN-PRN program was questionable. Mr. Espadero stated that Mr. Shaver's explanation for the January 16, 2003 positive urine sample was questionable and that his explanation for the April 2, 2003 positive urine sample was that Mr. Shaver had relapsed. Based upon his experience with Mr. Shaver, Mr. Espadero recommended that there be serious consequences to Mr. Shaver as a result of his two positive urine samples.

20. At hearing, Mr. Shaver explained that the January 16, 2003 positive urine sample was the result of a house guest's preparing a punch that contained alcohol and that Mr. Shaver unwittingly consumed the alcohol before he went to give his urine sample. Mr. Shaver explained that the April 2, 2003 positive urine sample was the result of a conscious decision to join a friend in drinking by picking the friend up and bringing the friend to his home where they drank beer together. Mr. Shaver explained that he knew he was relapsing and that he did not have any of his relapse prevention resources or plan in place. This testimony was particularly troubling to members of the Board because Mr. Shaver had been in substance abuse treatment with PRN-PRN for almost five years at the time of the admitted relapse and Mr. Espadero had testified that Mr. Shaver was aware of the relapse prevention resources and plan for some time.

21. Based upon Mr. Shaver's demeanor at the Board's hearing, Mr. Espadero's testimony that contradicted some of Mr. Shaver's testimony, and the Board's extensive history with Mr. Shaver, we must conclude that Mr. Shaver's explanations regarding his two positive urine samples are unbelievable, incredible, and indicative of a person who has not yet taken his recovery seriously and sincerely. This Board has orally warned Mr. Shaver that it did not want to see him again in bad circumstances and that if it did the consequences would be severe. Mr. Shaver has left this Board with no choice but to act in the public's interest and Mr. Shaver's own best interest even when Mr. Shaver is not doing so himself.

CONCLUSIONS OF LAW

1. This Board has jurisdiction over this matter because Mr. Shaver is a pharmacist licensed by the Board and because the acts committed in this matter were committed while Mr. Shaver was under the terms of a probationary order of this Board.

2. By testing positive on two urine analyses, constituting two breaches of his agreement with PRN-PRN and two violations of his probation with the Nevada State Board of Pharmacy, Mr. Shaver violated Nevada Revised Statute (NRS) 639.210(2) and (4) and NAC 639.945 (1)(I).

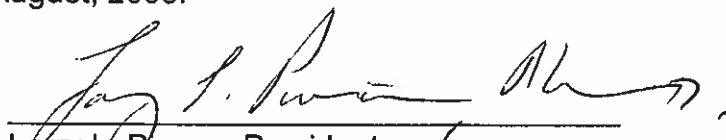
ORDER

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

1. Mr. Shaver's pharmacist's license (#08712) is revoked. Mr. Shaver may not be employed in any capacity in any business or premise licensed or registered by the Board. Mr. Shaver shall send to the Board's Reno office his wallet card(s) and wall certificate within 10 days of his receipt of this Order. His failure to do so will result in a fine of \$1,000.00 per day until the wallet card(s) and wall certificate are received by the Board office.

2. The Board will not consider any request for reinstatement by Mr. Shaver unless he provides evidence with the request for reinstatement that he has participated in and is successfully treating his addictive behaviors.

Signed this 12th day of August, 2003.


Larry L. Pinson, President
Nevada State Board of Pharmacy

Michelle Badten
1516 Spreading Oak Dr.
Henderson, NV 89014
Cell#(702)353-1465

Attn: Jeri Walter

It has been a little over a year since I surrendered my license in June 2009 and entered the PRN program here in Las Vegas. So, I am submitting a request in writing, per our previous phone conversation, to request an appearance before the next board meeting in Las Vegas in October to request reinstatement. If you have any questions or need to contact me for any reason please call my cell at any time. Thank you for your time.

Sincerely,

Michelle Badten



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

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

v.

**MICHELLE L. BADTEN, RPH
Certificate of Registration No. 14966**

Case No. 09-051-RPH-S

Respondent.

_____ /

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 14, 2009 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. The Respondent was not present and did not file an answer or response. Larry Espadero, PRN-PRN monitor, appeared and made a statement that the Respondent had entered PRN-PRN and was aware of the proceedings. Based upon the presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. Board Staff made a factual representation to the Board that it had received information that Respondent had been terminated from her employment with CVS as irregularities were discovered on two prescriptions of Oxycontin 80 mg. tablets. Respondent admitted in a written statement that she was addicted to narcotic pain medications and had obtained Oxycontin illegally by filling falsified prescriptions for herself for her personal use. Respondent admitted that she had been addicted to Oxycontin for approximately five years and filled, purchased and falsified as many as 50 prescriptions for herself.

2. Mr. Espadero testified that Respondent was now in PRN-PRN and was doing well in the program but could not make any prognosis on when she would be ready to return to the practice of pharmacy.

CONCLUSIONS OF LAW

The Nevada State Board of Pharmacy has jurisdiction over this matter because Ms. Badten is a pharmacist licensed by the Board.

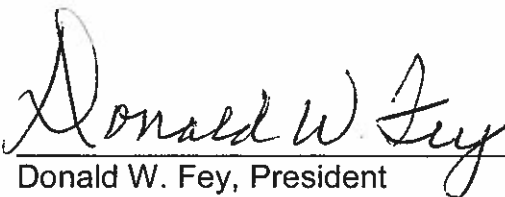
1. In removing controlled substances, namely Oxycontin, without authorization from her physician, Ms. Badten violated Nevada Revised Statute (NRS) 453.331(1) (d), 453.336(1) and/or 639.210(1), (4), and/or (12) and Nevada Administrative Code (NAC) 639.945(1) (h).

ORDER

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

1. Ms. Badten's pharmacist's license (#14966) is revoked. Ms. Badten may not be employed in any business or facility licensed by this Board in any capacity unless and until her license as a pharmacist has been reinstated.
2. Ms. Badten shall return to the Board's Reno office her wallet card(s) and wall certificate within 10 days of her receipt of this Order.
3. The failure to comply with any term in this order may result in further legal action as the Board staff determines to be necessary.

Signed and effective this 27th day of October, 2009.


Donald W. Fey, President
Nevada State Board of Pharmacy

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, Nevada 89509


MAY 14 2010

Attn: Jeri Walter

My name is Cynthia Stone, I am requesting that I be placed on the next board meeting to try and get re-instated as a pharmacy technician. This has been a career for me for the last 25 years .

Please advise me if I am listed for the next meeting. My address is 825 Rock Springs Drive #202 Las Vegas, Nevada 89128, or you can email me at ivegotcha@live.com.

Sincerely


Cynthia Stone
ivegotcha@live.com
702-544-6486

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CYNTHIA J. STONE, P.T.,
Certificate of Registration #PT00433,**

Respondent.

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

Case No. 09-042-PT-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 14, 2009, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent appeared and represented herself. The Respondent stipulated that she took 10 25 mg. tablets of hydrochlorothiazide. The facts were amended to reflect the stipulation. The Board presented no testimony or evidence, but did make a presentation based upon the public records in the Board's possession and Respondent's admission. Based on the presentation of the Board's staff, the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. On or about March 11, 2009, Board staff was notified that Respondent had been terminated from employment as a pharmaceutical technician at UMC. Respondent voluntarily allowed investigator's from the Nevada Department of Public Safety, Department of Investigation to search her apartment for a person they had a warrant for. In the process of searching her apartment 10 25mg. tablets of hydrochlorothiazide was located in her possession. Respondent stipulated that she took the hydrochlorothiazide from UMC. Respondent stated that she was trying to help her friend and did not know if he had a prescription for the medication.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Stone is registered as a pharmaceutical technician with the Board.

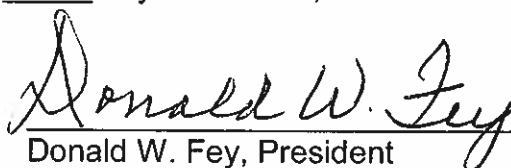
2. In removing dangerous drugs, namely hydrochlorothiazide, without a prescription, Ms. Stone violated NRS 454.221(1), and 454.321 and/or 639.210(1),(4) and/or (12) and NAC 639.945(1)(h).

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Ms. Stone's registration (PT00433) is revoked. Ms. Stone may not be employed in any business registered by the Board in any capacity.

Signed and effective this 27th day of October, 2009.

A handwritten signature in cursive script, reading "Donald W. Fey", is written over a horizontal line.

Donald W. Fey, President
Nevada State Board of Pharmacy

07/16/2010

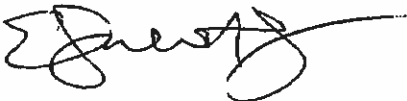
Elijah Akpan, Pharm.D.
7431 Bachelors Button Dr.
Las Vegas, NV 89131

Att: Larry L. Pinton, Pharm.D.
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Dear Sir,

Following your instruction during our discussion this afternoon, I am writing this letter to request for reconsideration of hearing for case number 10-002-PT-S in Las Vegas during your October Pharmacy board meeting. I believe that my request will be considered and I look forward to hearing from you. Thank you.

Sincerely Yours,

A handwritten signature in black ink, appearing to read 'Elijah Akpan', with a long horizontal flourish extending to the right.

Elijah Akpan, Pharm.D.
7431 Bachelors Button Dr.
Las Vegas, NV 89131
Tel: 702-245-8299
E-mail: Elijaha@cox.net

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 19 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.

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**

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

Case No. 09-114-RPH-S

Respondent.

_____/

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

I.

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

II.

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


III.

The Board has reserved Wednesday 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").

1) I wish to be heard by the State Board of Pharmacy in order to explain myself on the circumstances surrounding the conviction charge.


2) I am complying with the probationary requirements and making monthly payments towards the outstanding debt as agreed by US Probations Department and US Department of Justice financial unit

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

- I am in total Compliance with Probationary and Court Orders
- There could not have been a conviction if I had the resources to proceed to trial

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 9th day of August, 2010.


Elijah Akpan, RPH

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: Jamal Middle: Drand Last: Brumfield
Home Address: 705 Miller Ave Apt #: _____
City: North Las Vegas State: NV Zip Code: 89030
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Las Vegas Sex: M ☒ or F
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: PIMA MEDICAL INSTITUTE Store #: N/A
Address: 3333 E. FLAMINGO RD
City: North Las Vegas State: NV Zip Code: 89121
Signature of Managing Pharmacist: Steve L. Deacon Lic #: PT00139 Date: 8-9-10

(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: NV Date: 10/27/2010 Case #: C0723050A
County: Clark County Court: Las Vegas Municipal 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 _____

Date 7/9/10

Board Use Only

Received: AUG 17 2010 Check Number: 170 Amount: 40

54550
8662

Gary R. Booker, Esq.

Booker Law Firm
A Professional Corporation
711 South Fourth Street, Suite 101
Las Vegas, NV 89101

Also Admitted to
Practice law in:
North Dakota

Telephone: (702) 384-7450

Facsimile: (702) 384-7145

August 6, 2010

Nevada State Board of Pharmacy
431 West Plum Lane
Reno, Nevada 89509

RE: Client: Jamal Brumfield
Case Non-Adjudicated DUI Plea; Pending Reduction to Reckless Driving
Case No: C-0723050-A
Charges: DUI
Court: Las Vegas Municipal Court Dept. No.3 (RJC 5C)
Court Date / Time: 10/27/10 @ 8:00 AM
Court Event: Status Check on Fine, SOOT, DUI School, VIP, & Charge Reduction

To Whom It May Concern:

I represent Jamal Brumfield on the above referenced matter. Mr. Brumfield contacted me this date, and indicated that he needed a letter to you regarding the status of the above matter. It is my understanding that he will be hand delivering the letter to you.

The case was resolved in court on November 2, 2009. At that time, Mr. Brumfield entered a Non-Adjudicated Plea (Case Submission) of Guilty to DUI. In simple terms, by having the plea of guilty non-adjudicated (case submitted); the Court has agreed that it will keep the case open for one (1) year. In short as it stands, Mr. Brumfield has not been convicted of DUI, and will not be convicted; so long as he accomplishes the following:

- (1) Pays a \$577 fine / administrative assessment.
- (2) Successful completion of the DUI School.
- (3) Attendance of the Victim Impact Panel [VIP].
- (4) Stay out of Trouble [SOOT] for the one (1) year duration of this case.
- (5) The Court pursuant to normal policy imposed a sixty (60) day suspended jail term over Mr. Brumfield. As the jail term is suspended, he does not need to be concerned about going to jail, so long as he completes the court requirements and stays out trouble.

After Mr. Brumfield accomplishes the above, then at the end of the one (1) year non-adjudicated period, the DUI will be reduced to Reckless Driving, with credit for time served; and the case closed. If he fails to complete the court requirements; or gets into trouble he will be convicted of DUI, and will have to go to jail for 60 days.

The Court set a twelve (12) month final status check on this case for Wednesday, October 27, 2010 @ 8:00 AM.

If you have any questions, do not hesitate to contact this office.

Sincerely,

A handwritten signature in black ink, appearing to read 'GRB', written over a horizontal line.

GARY R. BOOKER, ESQ.

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: Anthony M. Cox Middle: Marshaun Last: CDX
Home Address: 5845 Nuev Leon St. Apt #: 6
City: North Las Vegas State: NV Zip Code: 89132-4103
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Michigan, Det Sex: M
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Anthony Institute Store #: _____
Address: 2320 S. Rancho DR
City: Las Vegas State: Nevada Zip Code: 89102
Signature of Managing Pharmacist: [Signature] Lic #: PTM188 Date: 6/24/10

(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: NV Date: 7/31/2007 Case #: CR005529-07
County: Clark Court: North Las Vegas Municipal 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 _____

Date 6/23/10

Board Use Only

Received: SEP 21 2010

Check Number: MO

Amount: 40-

5959
14021

IN THE MUNICIPAL COURT OF THE CITY OF
NORTH LAS VEGAS
COUNTY OF CLARK - STATE OF NEVADA

JUDGMENT OF SENTENCE

DEFENDANT: ANTHONY COX COURT: CR005529-07

SSNO: _____ DATE OF BIRTH: _____

DATE OF ARREST/VIOLATION : 06/30/2007

VIOLATION OF ORDINANCE (S): SIGNAL INTENTION TO TURN/LANE CHANGE
POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ
MARIJUANA

DATE OF DISPOSITION 07/31/2007 IN OPEN COURT

FINAL CHARGE (S)	CONVICTION	DISPOSITION OF SENT.
SIGNAL INTENTION TO TURN/LANE CHANGE	PLED GUILTY AT ARRAIGNMENT/SENTENCING	SERVED 2 DAYS IN CUSTODY
POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ MARIJUANA	PLED GUILTY AT ARRAIGNMENT/SENTENCING	FINE \$600

Janina Khan
COURT CLERK

CERTIFIED COPY

W. R. Van Landschoot

MUNICIPAL JUDGE

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office.

DATE 6/17/10
Municipal Court Administrator of the
City of North Las Vegas, State of Nevada.

Janina Khan

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: Leon Middle: Roy Last: DeGrate

Home Address: 5370 E. Craig Apt #: 1425

City: Las Vegas State: NV Zip Code: 89115

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: San Bernardino Sex: ☒ M or ☐ F

E-mail Address: _____

I am requesting _____ at the following pharmacy or approved training program:

Pharmacy: Anderson Institute Store #: _____

Address: 2320 S. Rancho DR

City: Las Vegas State: NV Zip Code: 89102

Signature of Managing Pharmacist: [Signature] Lic #: PT04188 Date: 8/10/10

(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: Nevada Date: _____ Case #: #234055
County: Clark County Court: District 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]

Board Use Only Received: SEP 07 2010

Date: 5/28/10

Check Number: 994

Amount: 40.00

Grand larceny - pleaded guilty got 1 yr probation or probation in NC - no
Category C felony Felony will drop to a misdemeanor. ~~and if I am~~ If I am
honorably discharged from probation I may withdraw my plea
and get a gross misdemeanor. The state will not oppose my
probation. With all my requirements fulfilled my probation ends
late OCT - early NOV. This is because I have no priors. I would
get conspiracy to commit grand larceny, with credit time served.

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, CA 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 #: 7704188 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 State: _____ Date: _____ Case #: _____
and/or
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: Crystal Gebhart Date: 1-8-10

Board Use Only
Received: JAN 20 2010 Check Number: 263 Amount: 40-

52874/75

I just would like to let you know about this ticket with 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 Schubert

Attn: Larry Pinson,



Hi, this is Crystal Gehhart
I go to High Tech Institute for Ph. Tech
and I had to send you a copy of
my record saying my charges were
dropped. Enclosed are the the copies
you asked for. I really appreciate
it if you could call me & let me
know what's going on from here.

I really would like to get back
& finish my last month.

Please call at (714) 222-1111

Thank you,
Crystal Gehhart

**JUSTICE COURT, HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA
DOCKET SHEET...CRIMINAL**

CASE # 09MCH007719 RODNEY T BURR - DEPT # 1
 State GEBHART, CRYSTAL ANNE
 Charge(s) POSSESSION OF CONTROLLED SUBSTANCE DISMISSED BEFORE TRIAL
 POSSESSION DRUG PARAPHERNALIA DISMISSED BEFORE TRIAL

Conditions

Description	Required Amount	Bal Due	Due Dt	Notes
-------------	-----------------	---------	--------	-------

Chrg#	Docket Dt	Docket Description	Amt Owed	Amt Paid	Amt Dism	Amt Due
1	11/22/2009	BAIL SET	732.00	0.00	732.00	0.00
						\$0.00
2	11/22/2009	BAIL SET	600.00	0.00	600.00	0.00
						\$0.00
						\$0.00

LINKED CASES FOR: 09MCH007719

CASE #	STATUS	EVENT DATE	EVENT DESCRIPTION
			NO FUTURE EVENTS

**DATE, JUDGE, OFFICERS
OF COURT PRESENT**

**PROCEEDINGS
APPEARANCES - HEARING**

EVENTS

August 10, 2010	CASE CLOSED DISMISSED Charge #2: POSSESSION DRUG PARAPHERNALIA DEFENDANT HAS STAYED OUT OF TROUBLE	
July 15, 2010	HEARING HELD The following event: TRAFFIC STATUS CHECK HND scheduled for 08/09/2010 at 8:30 am has been resulted as follows: Result: HEARING HELD Judge: Location:	

JUSTICE COURT, HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA
DOCKET SHEET...CRIMINAL

CASE # 09MCH007719

RODNEY T BURR - DEPT # 1

State GEBHART, CRYSTAL ANNE

DATE, JUDGE, OFFICERS OF COURT PRESENT	PROCEEDINGS APPEARANCES - HEARING	EVENTS
May 11, 2010	<p>DISMISSED Charge #1: POSSESSION OF CONTROLLED SUBSTANCE</p> <hr/> <p>HEARING HELD BY DISTRICT ATTORNEY AT PRE-TRIAL CONFERENCE The following event: PRETRIAL CONFERENCE PENDING-TRAFFIC HND scheduled for 05/11/2010 at 2:00 pm has been resulted as follows:</p> <p>Result: PRETRIAL HEARING HELD Judge: Location: DEPARTMENT 1</p> <hr/> <p>SUBMITTAL ON THE RECORD TO COMPLETE 30 HOURS COMMUNITY SERVICE TO STAY OUT OF TROUBLE FOR PENDENCY OF CASE IF REQUIREMENTS ARE COMPLETED DISMISS CHARGE</p>	
February 24, 2010	<p>HEARING VACATED The following event: ARRAIGNMENT PENDING HND scheduled for 02/24/2010 at 8:30 am has been resulted as follows:</p> <p>Result: HEARING VACATED Judge: GEORGE, STEPHEN L Location: DEPARTMENT 2</p> <hr/> <p>NOT GUILTY PLEA AND WIAVER SIGNED. PRETRIAL SET FOR MAY 11TH 2010 @ 2PM</p>	
November 22, 2009	<p>SET FOR COURT APPEARANCE Event: ARRAIGNMENT PENDING HND Date: 02/24/2010 Time: 8:30 am Judge: GEORGE, STEPHEN L Location: DEPARTMENT 2</p> <p>Result: HEARING VACATED</p> <hr/> <p>BAIL SET Charge #2: POSSESSION DRUG PARAPHERNALIA</p> <hr/> <p>BAIL SET Charge #1: POSSESSION OF CONTROLLED SUBSTANCE</p>	

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 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: PMA MEDICAL INSTITUTE Store #: N/A

Address: 3333 E. FLAMINGO RD

City: LAS VEGAS State: NV Zip Code: 89121

Signature of Managing Pharmacist: Steve L. Sean, 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.
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: 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

and Use Only

Received:

Check Number:

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

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: Cara Middle: Elizabeth Last: Terry
Home Address: 4940 Newport Cove Dr. Apt #: A
City: Las Vegas State: NV Zip Code: 89119
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Victorville, CA SEX: M or F ☒
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Pima Medical Institute Store #: N/A
Address: 3333 E. Flamingo Rd.
City: Las Vegas State: NV Zip Code: 89121
Signature of Managing Pharmacist: Steve L. Pen Lic #: PT00139 Date: 8-9-10

(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: _____ Date: _____ Case #: _____
County: _____ Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

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: Cara Terry Date: 6/5/10

Board Use Only
Received: AUG 18 2010 Check Number: 709 Amount: 40

54552

Dear State Board of Pharmacy,

A few weeks ago I got pulled over by the police and got a citation for possession because the passengers in my car had tobacco pipes and I was the driver but there were no drugs in the car. I have a court date in September and the police told me that since my record is clean the charge will most likely be dropped.

I will watch who I let in my car and make sure that they do not have any illegal items that will get me in trouble with law enforcement again. That is not a road I want to go down because I know it will ruin my future in the pharmacy world. I have learned my lesson about who I hang out with and who I let in my car. Thank you for your time.

Sincerely

A handwritten signature in cursive script that reads "Cara Terry". The signature is fluid and elegant, with the first name "Cara" and last name "Terry" clearly distinguishable.

Cara Terry

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
DISPENSING TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

First: Tawonda Middle: Nicole Last: Lee
Home Address: 9614 Bouncing Ball St
City: Las Vegas State: NV Zip Code: 89178
Telephone: 1 Social Security Number: _____
Date of Birth: _____ Place of Birth: Omaha, NE Sex: ☐ M or ☒ F
E-mail: _____

I am requesting registration at the following dispensing practitioner's office:

Dispensing Practitioner: S. Wm Pierce
Practice Name: Star Family Care
Address: 2645 W. Horizon Ridge Pkwy
City: Henderson State: NV Zip Code: 89052
Signature of Dispensing Practitioner: [Signature]

- 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: 3-12-10 Case #: W/A
County: Court: Clark County 10M08274X

no action taken
court date Oct 2010

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 dispensing technicians 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: 6-9-10

Board Use Only

JUL 22 2010 Check # 7001 amount 40.00

8/07

54345

561

Time on October Agenda

Liz MacMenamin [LizM@rannv.org]

Sent: Thursday, September 16, 2010 3:38 PM

To: LARRY L. PINSON

Cc: Fey Donald [Donald.Fey@HCAHealthcare.com]

Larry

This is a formal request for time on the October agenda for a presentation and update regarding the Supreme Court's decision and Justice Hardesty's concerns from Mark Amodei and myself. This should be placed under an action item as I would like the Board to have an opportunity to take action on the presentation we will be giving.

Thanks.

Liz MacMenamin

Vice President of Government Affairs
Retail Association of Nevada
410 S. Minnesota Street
Carson City, NV 89703
Cell - 775-720-2528
Office - 775-882-1700
Fax - 775-882-1713

DISCUSSION AND DETERMINATION

OCTOBER, 2010

CONTINUING EDUCATION

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

Would it then not be prudent for the Board, upon discovering that a pharmacist's CE for the renewal period is not complete, to suspend that registration until the CE requirement is met, rather than the current practice of allowing the pharmacist to continue working until a Board hearing? Please review NRS 639.2171 for the intent of the law as Board staff welcomes a discussion.

14 DAY RULE

See attached letter. Staff comment: there is really no reason for the patient to have to travel within that 14 day period given the fact that a prescription may be tendered via the mail.



P.O. Box 391
825 South Main St.
Tonopah, Nevada 89049-0391
(775) 482-2431
Fax (775) 482-5488

August 10, 2010

Larry Pinson, PharmD
Executive Secretary
Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, Nevada 89509

Fax 775-850-1444

Dear Sir,

I would like to request that the Nevada BOP consider the following circumstances in regards to its 14-day rule for submitting a prescription for a controlled substance to a pharmacy in Nevada.

In Tonopah, we are the nearest clinic for many rural patients. This population is predominantly ranchers, miners, and heavy equipment operators whose risks for injury exceeds the general population. This population consequently has a higher incidence of persons with chronic pain resulting from overuse injury, accident, and illness related to occupation. This population winds up in the offices of chronic pain specialists and on the surgeon's tables for less-than-perfect relief of chronic pain syndromes. They then come to the nearest clinic requesting relief. Often they are unable to work, and have lost everything except the means to exist.

Like many clinics, ours has had to set in place a protocol contract for any patients with chronic pain. It includes automatic denial for further pain treatment prescriptions for drug-seeking behaviors, surveillance by urine drug screens, alcohol screens, and pill counts. It is set in place because there is no certainty that a chronic pain patient might not also be either addicted to substances, for which they would trade their pain meds, or a diverter of drugs into the general population. The contract mechanism is not perfect, but it works pretty well and in my experience which includes four years in a pain practice, word gets around pretty quick that the clinic with an upheld pain contract in place is NOT the place for seekers, and they soon go elsewhere. I have attended several DEA lectures and presentations and I feel that the research done is adequate to advise both providers and pharmacies of safe practices for management of chronic pain.

When, however, a chronic pain patient is forced to show up each and every thirty days for a controlled substance prescription, especially keeping in mind the price of transportation and the hardship of travel on persons in pain, I feel that these persons are singled out for no good reason. For this very reason, the DEA allows us to write prescriptions ahead of time, as in, "Do not fill until _____" just so that these people would not be placed in undue hardship. However, the law is very clear that the provider cannot falsify the actual date the prescription is written.

Now then, the Nevada Board of Pharmacy requirement that the person drive up to their pharmacy, where ever it is, within 14 days of the script being written, to have it filed, defeats the purpose of the DEA's ruling, and opens the door for theft of the prescription by any number of non professionals working in pharmacies as assistants. When a prescription is either lost or stolen, the patient is then without medications at all, since the DEA prohibits rewritten prescriptions in these cases.

Rather, I feel that these chronic pain patients know full well the pain they will be in if they are without medication, and they should rightly assume responsibility for having their own prescriptions filled on the "Do not fill until _____" date, and that that date, not the one written, should have the 14-day rule of the Nevada Board of Pharmacy applied. This allows for the patient to travel with their family or avoid excessive travel to and from a single pharmacy. The ideal is for a patient to use only one pharmacy, but we do not live in an ideal world in rural Nevada.

Thank you very much for your consideration.

Sincerely,



Teresa Hartz CFNP
Certified Family Nurse Practitioner

Blank

EXECUTIVE SECRETARY REPORT – OCTOBER 2010

A) FINANCIAL REPORT

B) TEMPORARY LICENSES

C) STAFF ACTIVITIES

- i. CE
- ii. NABP District Meeting

D) REPORT TO BOARD

- i. MDEG Committee Meeting (9/21)

E) BOARD RELATED NEWS

F) ACTIVITIES REPORT

Blank

TEMPORARY LICENSES
(Issued since last board meeting)

No temporary licenses have been issued since last meeting.

Blank



Nevada State Board of Pharmacy

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

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

SEPTEMBER 8 & 9, 2010 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the September 2010 Board meeting.

Licensing Activity:

- 16 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 14 licenses were granted for Out-of-State pharmacies.
- 16 licenses were granted for Out-of-State wholesalers.
- 2 licenses were granted for a Nevada pharmacy (pending inspection).
- 1 license was granted for Nevada MDEG company and 2 tabled pending further information.
- 1 license was granted for a Nevada wholesaler.

Disciplinary Action:

- Pharmacist SD and pharmacy DP were disciplined with \$1000 fines and P&P revisions for wrongfully filling a clonazepam prescription with clozapine resulting in four hospitalizations for the patient.
- Pharmaceutical JL was fined \$750 and ordered into remedial training for mislabeling a prescription for meloxicam resulting in patient harm. He was also disciplined for leaving his pharmacy open and unattended.
- Pharmaceutical technician in training KB was granted a registration after satisfactorily answering questions regarding a past felony conviction.
- Pharmacists FA and ML were granted licensure after answering questions regarding past administrative actions in other states.
- Pharmacy Intern BT was ordered into PRN-PRN to be evaluated for past substance abuse and will be granted licensure depending upon that evaluation.
- Pharmacist SB was granted licensure subject to probation paralleling another state's administrative action.

Other Activity:

- An appearance was made by Docu-Track asking for approval of their fax distribution system.
- A discussion was held after a presentation by Douglas County DA Mark Jackson regarding the scheduling of synthetic cannabinoids. The Board moved to go forward with the scheduling and requested staff to move the subject to workshop.
- CE credits were granted for an immunization program for pharmacists to be given in Las Vegas, at the request of the CE Committee.
- The usual Board business reports were given.

THERE WERE NO WORKSHOP OR PUBLIC HEARING ITEMS THIS MEETING.

SYNTHETIC CANNABINOIDS

Staff has provided additional articles of interest regarding synthetic cannabinoids (Spice) for your review, and welcomes further comments from the public and other interested parties as we move forward in crafting language to schedule these compounds in Schedule I.

FW: Latest legal high could have deadly results

Mary Lau [MaryLau@rannv.org]

Sent: Sunday, September 12, 2010 2:01 PM**To:** LARRY L. PINSON

Timely article, Mary**More Information**

The American Association of Poison Control Centers supports the nation's poison control centers. Poison centers offer free and confidential services 24 hours a day, seven days a week.

For questions about poison or poison prevention, call your local poison center at 1-800-222-1222, or visit the website at www.aapcc.org.

Latest legal high could have deadly results

Local liquor, convenience stores selling marijuana alternative, Spice

BY F.T. NORTON

FTNORTON@NEVADAAPPEAL.COM

Sept. 11, 2010

Kathy Bartosz, executive director of Partnership Carson City, was a woman on a mission Friday morning. Her task: Driving around town to liquor and convenience stores to purchase the latest high, touted as a legal alternative to marijuana — Spice.

While the packaging calls it an incense, that suggestion is laughable, said Alternative Sentencing Chief Rory Planeta.

“Who would pay \$25 for a gram of potpourri,” he asked sitting before Bartosz's bounty.

In all, Bartosz spent \$413 Friday to get a sampling of the packages for presentations to schools and parents. Most of the Spice came in Ziploc-type metallic-colored bags with names like “The Moon,” “Route 69,” “Spike 666.” Others were in small round plastic containers similar to what lip gloss or loose eye shadow come in. One container, if the label were peeled off, could be mistaken for a Tic-Tac breath-mint box.

Few of the packages had website addresses. None listed a manufacturer. One called itself a plant growth regulator.

Yet, despite the varied appearances, all of the packages had a warning, “This product is NOT intended for human consumption.”

After Spice smoking was suspected in two deaths in Indiana this summer, it's clear why.

The Federal Drug Administration has not tested it. Its manufacture is not regulated. The uncertainty of the “incense” has prompted officials in several European countries, U.S. states and the U.S. military to outlaw its sale and use.

Even the creator of the synthetic cannabinoid considers it

dangerous.

"It's like playing Russian roulette. You don't know what it's going to do to you," organic chemist John W. Huffman, who first created the compound in his lab at Clemson University in the 1990s in a study of cannabinoid receptors, said in a March interview with livescience.com.

Despite reports that the synthetic marijuana won't show up on a drug test, a California laboratory — the same one used by Carson City Alternative Sentencing — says otherwise, said Sean Kobayashi, marketing director, Redwood Toxicology Laboratory.

After receiving numerous requests from their clients asking for a Spice drug test, the lab developed one, said Kobayashi.

"Based on research from looking at a number of these herbal incenses and Spices, we're able to develop a very reliable and accurate test for the metabolite," he said. "We are the only lab in the world that is doing this."

Chief Planeta said his officers first started coming upon Spice at the beginning of the year, but in the past three months, reports have increased.

Before the officers understood it, if someone on probation was found to be using or possessing Spice, they were not arrested.

But after some research into existing Nevada law, Planeta found NRS 454.346, deems the use of any chemical, poison or organic compound to get high a misdemeanor.

He said Carson City judges are now ordering people on probation to not only stay away from alcohol, illegal drugs and prescription drug abuse, but also Spice.

And, so as not to catch anyone off guard, officers are informing probationers verbally as well posting signs at the Alternative Sentencing Office in the Court House.

"Spice and/or other synthetic THC (marijuana) is not allowed while on probation. It is considered a psychoactive drug. The FDA and DEA are currently attempting to make it an illegal substance," one such posting states.

According to a presentation created by Douglas County District Attorney Mark Jackson, the following states have placed or are in the process of placing legal restrictions on the synthetic cannabinoid: Alabama, Arkansas, Florida, Georgia, Illinois, Kansas, Kentucky, Louisiana, Michigan, New York, Missouri, North Dakota, Tennessee and Utah.

On March 24 the American Association of Poison Control Centers issued a warning about the dangers of synthetic marijuana stating the center received more than 1,000 calls since the first of the year, "causing increased concern among doctors and clinicians as well as state lawmakers, who are quickly moving to outlaw such products.

According to the American Association of Poison Control Centers, Missouri comes in at the

top. Missouri Poison Control Center Medical Director Anthony Scalzo said he received approximately 40 calls about the substance from November to March, a report states.

“Scalzo said the reactions being reported – including agitation, anxiety, an extremely fast, racing heartbeat and elevated blood pressure – are the opposite of what would be expected from marijuana, which is a source of concern,” according to an American Association of Poison Control Centers statement.

Sheriff Ken Furlong said his office is looking to present a draft to city supervisors asking for an ordinance outlawing Spice and any other synthetic cannabinoid in the city limits.

But until that can be done, Bartosz and Undersheriff Steve Albertsen are preparing a letter to send out to vendors asking them to voluntarily stop selling the product.

Obi Movaligh, owner of the County Store on Highway 50 East, would have been among those vendors contacted had he not heard on Friday from Bartosz’s visit that law enforcement was concerned about the increasing use among teens.

Movaligh said he began selling Spice after several people came in and requested it.

After speaking with the Taxation Department, Department of Gaming and the Carson City Sheriff’s Office to confirm it was legal, Movaligh started stocking the store.

In a recent burglary at his store in which four juvenile were arrested, all they took was Spice

“They got all my Spices,” said Movaligh. “They did not go for the cash register.”

Upon learning Friday of the dangers possibly associated with Spice, Movaligh, a father of a young son, immediately pulled it off the Country Store shelves.

“I don’t want to sell that stuff in my store anymore. In the beginning I didn’t know about it, but now I will feel guilty.

“Yes, It is legal. You can sell it, but now I know what they are using it for, and it’s harmful.”

Movaligh said in these tough economic times he fears losing customers, but his concerns as a father are too great to continue.

“If it’s harmful to people then why are we carrying it? We should pull it out of the market completely,” he said.

Furlong drove to the Country Store on Friday afternoon to thank Movaligh for yanking the product out of his convenience store.

“What he did was prove that it doesn’t always have to be about law enforcement. We can all work together and make this a great town. I am just so pleased with him,” said Furlong.

Other Carson City retailers contacted for this story declined comment.

reviewjournal.com

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Sep. 13, 2010
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Downtown shop goes to pot

But synthetic marijuana business faces eviction for various reasons

By [ALAN CHOATE](#)
LAS VEGAS REVIEW-JOURNAL

The sign on the window says Weedz Alternatives, and there's truth in advertising: The downtown Las Vegas business sells synthetic marijuana, which purportedly offers the same or similar effects while being legal.

And it would be hard to find a more enthusiastic booster of the herbal marijuana substitute than Steve Vogt, the wired and wiry owner who opened the smoke shop at 628 Las Vegas Blvd. South nearly two years ago.

But his dream may be about to come to an end in a haze of police calls, allegations of poor management and eviction.

"I'm not worried at all," Vogt said recently, even though hearings are scheduled this week that could label his shop a neighborhood nuisance and evict him.

"We're one of a kind. They should welcome it," Vogt said.

Debates over marijuana, drugs and intoxication will go on long after the particulars of Vogt's case are decided. And while he feels picked on because of his featured product line, those criticizing his shop hold that a business -- any business -- must be businesslike to survive.

On Tuesday, the Las Vegas Justice Court is scheduled to take up an eviction notice filed against Vogt.

On Wednesday, the Las Vegas City Council's agenda includes a hearing on whether his shop created a "chronic nuisance." Vogt could face fines as punishment.

"This property has been and continues to be a constant problem in the downtown area," states a nuisance order from the Metropolitan Police Department. "This is believed to have been in part due to inaction on the part of management and ownership in taking care of problems on their property."

Police have received "numerous calls" concerning the property, spokesman Bill Cassell said. The complaint alleges that the business is in a "perpetual state of criminal chaos" that "can no longer be tolerated."

The complaint against Weedz, though, lists just three incidents, all from July:

■ On one occasion, two masked men armed with handguns forced Vogt and an employee to the back of the store. Their hands were tied together, and the robbers made off with about \$8,000 in cash.

■ On another occasion, an employee suffered minor injuries when someone threw a rock through

the shop's front window. The hole is still there, covered with plastic and packing tape.

Officers responded to a noise complaint. Vogt said he was playing a guitar very loudly while simultaneously trashing it, and he injured his forearm. He wouldn't let police in or answer their questions, and he was arrested for obstructing a police officer.

Vogt said he shouldn't be penalized because he was a crime victim. He notes that synthetic marijuana is widely available and largely unregulated.

"We're doing it right," he said. "We're creating jobs. There are a lot of people who would be out of work if they shut us down. I guess I'm having too much fun. I'm not doing anything illegal here."

Making that case requires a few caveats and disclaimers.

The fake marijuana is made up of herbs, oils and resins and sprayed with a lab-produced cannabinoid that mimics THC, the active ingredient in the real thing.

While the exact ingredients aren't clear, the packages have a couple of clear statements. First, it is labeled as incense, and each packet has some version of a statement that says "not for human consumption."

But people do consume it. In fact, Vogt's shop is set up to encourage smoking.

Vogt said he's got the city's only "bong bar." One day last week, there were two extra-large water pipes on the rear counter where customers and employees could sample the wares, with a blend called King Krypto being the most popular.

Vogt said he doesn't sell to anyone under 18 and that all smokers are informed of the risks of smoking synthetic marijuana. Adverse effects include panic attacks, extremely elevated pulse and blood pressure, vomiting, and in some cases tremors and seizures, according to the Drug Enforcement Administration.

"He's doing this of his own free will," Vogt said as an employee sucked smoke out of the pipe.

"We're the only bong bar in Vegas. We're all legal. It won't show up on a drug test, and one hit is all you need."

According to city and police officials, though, Vogt needed to operate his business properly.

Las Vegas tried to work with Vogt, said Mayor Pro Tem Gary Reese, whose ward includes the business.

Vogt was not responsive, and "that's where we're at today," Reese said.

He also insisted that Vogt's product line is not the reason for the scrutiny. Any business that police flag as a problem would be looked at.

"Absolutely," Reese said. "I've always said, 'Treat everybody the same.'"

The nuisance order delivered to Vogt said he should hire a professional security company, run background checks on his employees and take a more active role in managing the shop.

Not necessary, Vogt countered.

On security, it's enough that "I'm not here alone anymore," he said.

And Vogt is not keen on investigating his employees.

"I trust my employees. Trust is all I have. They've never done me wrong; and if they have, I don't know about it."

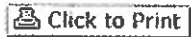
In fact, his eight employees pretty much run the show, he said, which he considers his reward for the two lean years he spent getting the business going.

"I just goof off here now," Vogt said.

Contact reporter Alan Choate at achoate@reviewjournal.com or 702-229-6435.

Find this article at:

<http://www.lvrj.com/news/downtown-shop-goes-to-pot-102758429.html>



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Cass won't appeal judge's ruling on synthetic marijuana

Ray Seidlinger [rayseidlinger@hotmail.com]

Sent: Tuesday, September 14, 2010 5:56 PM

To: Ray Seidlinger [rayseidlinger@hotmail.com]

Cass won't appeal judge's ruling on synthetic marijuana, plan to enforce rule starting next month

FARGO - Cass County prosecutors will not appeal two synthetic marijuana cases that were dismissed by a judge, Cass County State's Attorney Birch Burdick said today.

By: Forum staff reports, INFORUM

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Allied Sciences Career Fair

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Allied Sciences Career Fair

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FARGO - Cass County prosecutors will not appeal two synthetic marijuana cases that were dismissed by a judge, Cass County State's Attorney Birch Burdick said today.

In deference to the opinion of Judge Wickham Corwin, the Cass County State's Attorney's office will dismiss any other pending cases, Burdick said.

However, after Oct. 1, Cass County will begin enforcing the synthetic marijuana rule, Burdick said.

In an opinion filed last week in Cass County District Court, Judge Corwin said the North Dakota Board of Pharmacy didn't properly notify the public after it adopted an emergency rule Feb. 25 effectively banning synthetic marijuana.

Today in Bismarck, a legislative committee took no action to void or change the emergency rule, essentially affirming it.

For more on this story, read Wednesday's Forum.

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

LCB File No. R128-10

August 18, 2010

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

AUTHORITY: §§1, 3 and 4, NRS 639.070; §2, NRS 639.070, 639.071 and 639.072.

A REGULATION relating to pharmacy; authorizing the prescription department of a pharmacy to have a freezer that is used to store medicine; establishing procedures concerning refrigerators and freezers used in pharmacies to store medicine; prohibiting the storage of any food or beverage in certain freezers used to store medicine in the prescription department of a pharmacy; and providing other matters properly relating thereto.

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

1. The managing pharmacist of a pharmacy shall ensure that a record is made which documents, at least twice daily, the temperature in:

(a) A refrigerator that is used to store medicine in the prescription department of a pharmacy;

(b) The freezer section of such a refrigerator if the freezer section is used to store medicine; and

(c) A freezer that is used to store medicine in the prescription department of a pharmacy.

2. The temperature in a refrigerator described in subsection 1 must be maintained between 36 degrees Fahrenheit and 46 degrees Fahrenheit.

3. *The temperature in:*

(a) *A freezer section described in subsection 1 must be maintained below 32 degrees Fahrenheit; and*

(b) *A freezer described in subsection 1 must be maintained below 32 degrees Fahrenheit.*

4. *If the temperature in a refrigerator, freezer section of a refrigerator, or freezer is outside of the range required by subsection 2 or 3, respectively:*

(a) *The person who documented the reading which is outside the range required by subsection 2 or 3 shall initial the record made pursuant to subsection 1 and inform the managing pharmacist of the temperature in the refrigerator, freezer section of the refrigerator, or freezer;*

(b) *The managing pharmacist shall ensure that action is taken to correct the temperature in the refrigerator, freezer section of the refrigerator, or freezer and, after verifying that such corrective action has been taken, shall initial the record made pursuant to subsection 1; and*

(c) *A pharmacist shall inspect the contents of the refrigerator, freezer section of the refrigerator, or freezer, as applicable, to determine whether the contents of the refrigerator, freezer section of the refrigerator, or freezer are safe to keep or should be discarded. If the pharmacist determines that those contents must be discarded, the pharmacist shall ensure that the contents are discarded.*

Sec. 2. NAC 639.469 is hereby amended to read as follows:

639.469 1. A pharmacy shall have adequate space necessary for the storage, compounding, labeling, dispensing, distribution and sterile preparation of drugs prepared in the pharmacy.

2. The pharmacy must be kept clean and arranged in an orderly manner. All required equipment must be clean and in good operating condition.
3. A sink with hot and cold running water must be available to all personnel of the pharmacy and must be maintained in a sanitary condition at all times.
4. The pharmacy must be well lighted and ventilated.
5. The temperature of the pharmacy must be maintained within a range compatible with the proper storage of drugs. The temperature of the refrigerator must be maintained within ~~{a range compatible with the proper storage of drugs requiring refrigeration.}~~ *the range set forth in subsection 2 of section 1 of this regulation.*
6. The pharmacy must have a locked storage area for controlled substances listed in schedule II and other controlled substances requiring additional security.
7. Flammable materials must be stored in a designated area. The area must meet the requirements of local and state fire laws.

Sec. 3. NAC 639.525 is hereby amended to read as follows:

639.525 *1.* The prescription department in each licensed pharmacy must contain the following minimum work area and equipment for the compounding and dispensing of drugs:

~~{1-}~~ *(a)* A prescription counter on which to work, with a free working surface of not less than 3 feet in width and 2 feet in depth for each person who is compounding or dispensing drugs within the prescription department, including, without limitation, each registered pharmacist and pharmaceutical technician who is compounding or dispensing drugs within the prescription department. This working surface must be reserved for and restricted solely to the compounding and dispensing of drugs.

~~{2-}~~ (b) A free floor space behind the prescription counter that is not less than 8 feet in length and 4 feet in width.

~~{3-}~~ (c) A refrigerator that is equipped with a thermometer to ensure proper control of temperature, a sink that is suitable for cleaning the required pharmaceutical equipment and is supplied with hot and cold running water, soap and detergent, and a clean and sanitary disposal container for wastes.

~~{4-}~~ (d) If the pharmacy compounds prescriptions that require the measurement of weight, scales and balances for medium and light weighing, at least one of which must be sensitive to 1/2 grain, with weights, including, without limitation, apothecary and avoirdupois, from 1/2 grain to 4 ounces and from 0.02 gm to 100 gm.

~~{5-}~~ (e) If the pharmacy prepares sterile products, a laminar airflow hood that is certified at least annually.

~~{6-}~~ (f) Capsule and tablet counters and other devices and equipment necessary to compound and dispense drugs.

~~{7-}~~ (g) A facsimile machine that:

~~{(a)}~~ (1) Uses paper of such quality; and

~~{(b)}~~ (2) Prints in such a manner,

↳ that documents printed by the machine are usable and readable for at least 2 years. As used in this ~~{subsection,}~~ *paragraph*, “facsimile machine” includes, without limitation, a computer that has a facsimile modem through which documents can be sent and received.

2. In addition to the requirements of subsection 1, the prescription department in a licensed pharmacy may contain a freezer that is used to store medicine.

Sec. 4. NAC 639.528 is hereby amended to read as follows:

639.528 1. Food for consumption by the public must not be prepared in the prescription department of a pharmacy.

2. A pharmacist or a member of the staff of a pharmacy may prepare food in the prescription department of the pharmacy if the food is for his or her own personal consumption.

3. No food or beverage may be stored in ~~{a}~~ :

(a) A refrigerator that is used to store medicine in the prescription department of a pharmacy ~~{b}~~;

(b) *The freezer section of such a refrigerator if the freezer section is used to store medicine; or*

(c) *A freezer that is used to store medicine in the prescription department of a pharmacy.*

TELEPHARMACY REGULATION
Amendments from January 14, 2010 Workshop

REFERENCE TO COMPARE LCB LANGUAGE

Sec. 1. Chapter 639 of NAC is hereby amended by adding thereto the following new language:

A pharmacist or dispensing practitioner who is responsible for the operation of a remote site shall:

1. Maintain a connection via computer, video and audio link with its pharmacy or dispensing practitioner at all times of operation that is physically located in Nevada.
2. Assure that a pharmacist or dispensing practitioner, that is physically located in Nevada, is available via the computer, video and audio link at all times of operation.

One and Two are the same as Page 1 and 2 Sec. 3

3. Not allow the pharmaceutical technician or the dispensing technician to gain access to the drugs unless the pharmaceutical technician has first consulted with his pharmacist or the dispensing technician has first consulted with his dispensing practitioner.

4. Not allow the remote site to dispense a prescription to a patient unless the pharmacist has visually verified the correctness of the drug selected by his pharmaceutical technician and the label prepared by his pharmaceutical technician, or the dispensing practitioner has visually verified the correctness of the drug selected by his dispensing technician and the label prepared by his dispensing technician via the computer, video and audio link.

5. Assure that the pharmacist or dispensing practitioner verifies the correctness of all data input into the remote site's computer system for any prescription for which the data was input by the pharmaceutical technician or dispensing technician at the remote site before the remote site may dispense the prescription to a patient.

Three, Four and Five are the same as Page 3 Sec. 5 (3)

6. Assure that the pharmaceutical technician who is employed by the pharmacy has at least one year of experience prior to being allowed to dispense drugs at a remote site as a pharmaceutical technician or the dispensing technician has been verified to be competent through documented training and certification by the dispensing practitioner.

Same as Page 2 Sec. 4

7. Dispense drugs only to patients within the service area of the remote site or to patients for whom the remote site is closer than any licensed pharmacy or registered dispensing practitioner. If a pharmacy is established in the service area the remote site must close.

Same as Page 1 Sec. 2 (2)

8. Transmit a copy of any new prescription it receives to the pharmacy or dispensing practitioner via secured electronic means and shall retain the original prescription in the remote site.

Same as Page 2 Sec. 5

9. Make and maintain at the remote site and at the pharmacy or dispensing practitioner's practice site all records related to all drugs received, stored, dispensed, returned or otherwise dealt with by the remote site, including but not limited to:

(a) Prescriptions dispensed at the remote site;

(b) A record containing the initials of the pharmaceutical technician or dispensing technician made and maintained at the remote site relating to each prescription dispensed by the remote site;

(c) A record containing the initials of the verifying pharmacist or dispensing practitioner made and maintained at the pharmacy or dispensing practitioner's practice site relating to each prescription verified and approved by the pharmacist or dispensing practitioner that was dispensed at the remote site;

(d) Records regarding drug stocks transferred between the pharmacy and its remote site or the dispensing practitioner and his remote site; and

(e) Records made and maintained at the pharmacy regarding counseling performed by the pharmacist of patients at the remote site.

Same as Page 3 Sec. 6

10. Assure that records made and maintained at the remote site, including prescriptions, are distinguishable from records made and maintained by the pharmacy or dispensing practitioner so that it will be readily apparent which prescriptions have been dispensed at the remote site and which prescriptions have been dispensed by the pharmacy or dispensing practitioner;

Same as Page 4 Sec 6 (2)

11. If the remote site will dispense controlled substances, obtain and maintain registration with the board and its own registration with the Federal Drug Administration;

Same as Page 1 Sec 2

12. If the remote site will dispense controlled substances in schedule II, obtain and maintain all records regarding the receipt, storage, and transfer of such controlled substances, including all Drug Enforcement Agency 222 forms;

Same as Pages 11 and 12 Sec 15

13. Assure that the software system used by the pharmacy or nonprofit entity that employs a dispensing practitioner is able to generate prescription labels at either the pharmacy or the dispensing practitioner's practice site or at the remote site, all labels must have both the pharmacist or dispensing practitioners initials and the pharmaceutical technicians or dispensing technicians initials;

Same as Page 4 Sec. 7

14. Make and maintain policies and procedures to assure compliance by the employees at the remote site with all applicable statutes and regulations and to assure the safe and effective dispensing and accounting for drugs maintained at the remote site;

Same as Page 5 Sec. 8 (1)

15. Assure that a pharmacist or dispensing practitioner responsible for a remote site personally inspects the site at least monthly for compliance with all applicable statutes and regulations and policies and procedures and document the visits.

Same as Page 5 Sec. 8 (2)

16. Count the pharmaceutical technician or dispensing technician as part of the ratio that must be maintained by the pharmacy or dispensing practitioner pursuant to regulation.

Same as Page 6 Sec. 10 (3)

17. As dispensing is considered to be done by the pharmacist or the dispensing practitioner, the pharmacist or dispensing practitioner are responsible for and held accountable for dispensing at the remote site.

Same as Page 4 Sec. 6 (2) – and Page 5 Sec. 9

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

LCB File No. R037-10

September 10, 2010

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

AUTHORITY: §§1 and 3-16, NRS 639.070 and 639.0727; §2, NRS 639.070, 639.0727 and 639.23277.

A REGULATION relating to pharmacy; requiring a certificate of registration from the Board of Pharmacy to establish a remote site; establishing the qualifications for persons who operate a remote site; establishing various requirements concerning the operation of a remote site; and providing other matters properly relating thereto.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 9, inclusive, of this act.

Sec. 2. *1. A pharmacist or dispensing practitioner who wishes to establish a remote site must obtain a certificate of registration from the Board pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs at the remote site.*

2. Notwithstanding the issuance of a certificate pursuant to subsection 1, if the Board grants a license to operate a pharmacy at a location that is within the service area of a remote site, the pharmacist or dispensing practitioner that established the remote site must close the remote site.

Sec. 3. *1. A telepharmacy and each associated remote site must be physically located within this State.*

2. A pharmacist or dispensing practitioner must be physically present in the telepharmacy and accessible for communication with an associated remote site via computer link, video link and audio link at all times that the remote site is in operation.

3. If the communicative access via computer link, video link and audio link between a remote site and its telepharmacy is interrupted or otherwise unavailable, the pharmaceutical technician or dispensing technician operating the remote site shall not perform any act authorized pursuant to sections 2 to 9, inclusive, of this regulation until the communicative access is restored.

Sec. 4. *1. A pharmacist who is responsible for the operation of a remote site shall ensure that a pharmaceutical technician who is employed to dispense controlled substances or dangerous drugs at the remote site has at least 1 year of experience as a pharmaceutical technician.*

2. A dispensing practitioner who is responsible for the operation of a remote site shall verify that a dispensing technician employed at the remote site is competent by ensuring that the dispensing technician has met the requirements of NAC 639.7425 and has received a certificate of registration pursuant to that section.

Sec. 5. *1. A pharmaceutical technician or dispensing technician who operates a remote site shall transmit a copy of any new prescription which the technician receives to the telepharmacy via the computer link or other secured electronic means and retain the original prescription in the records maintained at the remote site.*

2. A pharmaceutical technician or dispensing technician must consult with a pharmacist or dispensing practitioner, as appropriate, at the telepharmacy via the computer link, video

link or audio link to obtain approval before accessing the stock of controlled substances and dangerous drugs maintained at the remote site.

3. A pharmacist or dispensing practitioner shall not authorize a pharmaceutical technician or dispensing technician at a remote site to dispense a controlled substance or dangerous drug unless the pharmacist or dispensing practitioner has:

(a) Consulted with the technician;

(b) Visually verified via computer link, video link or audio link that:

(1) The controlled substance or dangerous drug selected by the technician is correct;

and

(2) The label prepared by the technician is correct; and

(c) Verified that the information entered by the technician into the computerized system for recording information concerning prescriptions is correct.

4. A pharmacist or dispensing practitioner shall only authorize a pharmaceutical technician or dispensing technician at a remote site to dispense a controlled substance or dangerous drug to a patient who resides in the service area of the remote site or whose residence is closer to the remote site than to a telepharmacy.

Sec. 6. *1. Except as otherwise provided in this section, a pharmacist or dispensing practitioner who is responsible for the operation of a remote site shall maintain at the remote site and at the associated telepharmacy, a record of each drug that is received, stored, dispensed, returned or otherwise dealt with at the remote site, including, without limitation, any record that is required to be maintained by state or federal law. The records so maintained must include, without limitation:*

- (a) Each prescription dispensed at the remote site;*
- (b) At the remote site, the initials of the technician who dispensed the controlled substance or dangerous drug; and*
- (c) At the telepharmacy, the initials of the pharmacist or dispensing practitioner who authorized the controlled substance or dangerous drug to be dispensed at the remote site;*
- (d) Each controlled substance or dangerous drug that is transferred between the stock of drugs maintained at the remote site and the stock of drugs maintained at the telepharmacy; and*
- (e) At the telepharmacy, documentation of any counseling provided by a pharmacist or dispensing practitioner at the telepharmacy that was provided via the computer link, video link or audio link to a patient or person caring for a patient at the remote site.*

2. The pharmacist or dispensing practitioner who is responsible for the operation of a remote site shall ensure that each record which is maintained at the remote site, including, without limitation, each record of a prescription, is maintained in a manner that makes it readily apparent whether the prescription was dispensed at the remote site or at the telepharmacy.

Sec. 7. *1. A pharmacist or dispensing practitioner who is responsible for the operation of a remote site shall ensure that the computer system used at the telepharmacy and the remote site is able to generate a label for a prescription at either location in the manner prescribed pursuant to NRS 639.2801.*

2. The label generated pursuant to subsection 1 must include on the label of each prescription the initials of:

(a) The pharmacist or dispensing practitioner who authorized the controlled substance or dangerous drug to be dispensed at the remote site; and

(b) The pharmaceutical technician or dispensing technician who dispensed the controlled substance or dangerous drug at the remote site.

Sec. 8. *The pharmacist or dispensing practitioner who is responsible for the operation of a remote site shall:*

1. Establish written policies and procedures for the operation of the remote site to ensure:

(a) Compliance with all applicable statutes and regulations; and

(b) The safe and effective dispensing of controlled substances and dangerous drugs at the remote site; and

(c) The proper accounting of controlled substances and dangerous drugs at the remote site.

2. Personally inspect the remote site at least monthly to ensure that the remote site and each pharmaceutical technician or dispensing technician, as applicable, who operates the remote site is in compliance with:

(a) All applicable statutes and regulations; and

(b) The policies and procedures established pursuant to subsection 1.

3. Make a record of each inspection conducted pursuant to subsection 2.

Sec. 9. *A pharmacist or dispensing practitioner who is responsible for the operation of a remote site and who authorizes a pharmaceutical technician or dispensing technician at the remote site to dispense a controlled substance or dangerous drug is responsible for and must be held accountable for the dispensing of the controlled substance or dangerous drug at the remote site.*

Sec. 10. NAC 639.250 is hereby amended to read as follows:

639.250 Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in this section, in a hospital, a pharmacist who is dispensing prescriptions may not supervise more than three pharmaceutical technicians at one time. A pharmacist who is supervising distributive functions may not supervise more than two pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on-the-job training.

2. Except as otherwise provided in this section, in any pharmacy, other than a hospital pharmacy, a pharmacist may not supervise more than three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time.

3. *In any remote site, a pharmacist or dispensing practitioner may not supervise more than three pharmaceutical technicians or dispensing technicians, as applicable, at one time.*

4. A pharmacist may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to subsections 1 and 2 if:

(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and

(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.

Sec. 11. NAC 639.742 is hereby amended to read as follows:

639.742 1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice , *including, without limitation, a remote site*, from which he wishes to dispense controlled substances or dangerous drugs. A certificate of registration to dispense controlled substances or dangerous drugs is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. If a facility from which the practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. ~~[[The]~~ *Except as otherwise provided in NRS 639.23277 and section 5 of this regulation,* *the* dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

- (a) Enter the room or cabinet in which drugs are stored;
- (b) Remove drugs from stock;
- (c) Count, pour or reconstitute drugs;
- (d) Place drugs into containers;
- (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
- (f) Fill containers for later use in dispensing drugs; or
- (g) Package or repackage drugs.

Sec. 12. NAC 639.743 is hereby amended to read as follows:

639.743 1. ~~1A~~ *Except as otherwise provided in NRS 639.23277 and section 5 of this regulation, a* person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has

completed his training and experience and the Board has received an affidavit from the *dispensing* practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the *dispensing* practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A *dispensing* practitioner who allows a dispensing technician to perform any function described in subsection 4 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

Sec. 13. NAC 639.7435 is hereby amended to read as follows:

639.7435 1. The registration of a dispensing technician is nontransferable and limited to the dispensing practitioner to whom the dispensing technician is registered. The registration of a dispensing technician expires at the same time that the certificate of registration of the dispensing practitioner expires. If a dispensing practitioner and the dispensing technician registered to that

practitioner leave the facility at which they are registered, and the dispensing technician continues his employment with that practitioner at a different site, the dispensing practitioner shall, as soon as practicable, notify the Board of the change of address of employment of the dispensing technician.

2. If a dispensing technician no longer works as a dispensing technician for the dispensing practitioner to whom the dispensing technician is registered, the registration of the dispensing technician terminates. If that person is subsequently employed by another dispensing practitioner to work as a dispensing technician, the employing dispensing practitioner must, before the person may act as a dispensing technician for that practitioner:

(a) Register the person with the Board, showing the site of employment and the name of the dispensing practitioner; and

(b) Ensure that the person receives an additional 200 hours of training and experience provided by the dispensing practitioner. The additional training and experience must be provided in accordance with subsection 4 of NAC 639.7425. ~~The~~ *Except as otherwise provided in NRS 639.23277 and section 5 of this regulation, the* dispensing practitioner shall not allow the person to be registered as a dispensing technician to enter the room or cabinet in which drugs are stored or perform any function described in subsection 4 of NAC 639.742 without the dispensing practitioner observing the act by the person to be registered as a dispensing technician until that person has completed the 200 additional hours of training and experience.

Sec. 14. NAC 639.744 is hereby amended to read as follows:

639.744 1. A dispensing practitioner shall pay to the Board a fee of \$40 for each dispensing technician whom that practitioner registers:

(a) At the time of application by the dispensing practitioner for initial registration of the person as a dispensing technician; and

(b) With the practitioner's renewal thereafter as a part of and in addition to the practitioner's renewal of his registration as a dispensing practitioner.

2. A dispensing practitioner may register more than one dispensing technician at a time, except that only one of those dispensing technicians , *including, without limitation, a dispensing technician staffing a remote site*, may be designated and allowed to perform the functions described in subsection 4 of NAC 639.742 at one time. A dispensing practitioner shall make and maintain a document on which must be recorded for each day the name of the dispensing technician so designated and allowed to perform the functions described in subsection 4 of NAC 639.742, and maintain the record for not less than 2 years.

Sec. 15. NAC 639.745 is hereby amended to read as follows:

639.745 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs , *including, without limitation, a dispensing practitioner*, and *who* dispenses such products for use by his patients outside his presence shall:

(a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include:

(1) The name of the patient and, if not readily available from the practitioner's records, the patient's address;

(2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;

- (3) The directions for use;
- (4) The date the prescription was issued; and
- (5) A unique identifying number.

(b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

(c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

(d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

(f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

(a) Maintained on paper, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practitioners of nursing, practicing at the same location.

(b) Maintained in a computer, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

Sec. 16. NAC 639.924 is hereby amended to read as follows:

639.924 A person who is issued a license to conduct a pharmacy , *including, without limitation, a remote site*, pursuant to the provisions of NRS 639.230 and 639.231 on or after

August 27, 1996, shall ensure that the pharmacy uses a computerized system for recording information concerning prescriptions.

BOARD MEETING

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Blvd South
Las Vegas

October 13th and 14th, 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

Kam Gandhi
Mary Lau

Board Members Absent:

Kirk Wentworth

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Rose Marie Reynolds

CONSENT AGENDA

1. Approval of September 8-9, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Comfort Medical Supply, LLC – Ormona Beach, FL
 - B. IDEV Technologies, Inc. – Webster, TX
 - C. Fisher & Paykel Healthcare, Inc. – Irvine, CA
 - D. KCI USA, Inc. – Salt Lake City, UT
 - E. Life Care Diabetic Supplies, Inc. – Jupiter, FL
 - F. McCleve Orthotics & Prosthetics, Inc. – Mesa, AZ
 - G. Praxair Healthcare Services, Inc. – Cedar City, UT
 - H. Praxair Healthcare Services, Inc. – Salt Lake City, UT

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

- I. Avacare, Inc. – Greensboro, NC
- J. CuraScript SP Specialty Pharmacy – Indianapolis, IN
- K. DCI Pharmacy Services – Nashville, TN

- L. Main Street Family Pharmacy, LLC – Newbern, TN
- M. Northwest Health Systems, Inc. – Spokane, WA
- N. OncoSource Rx LLC – Columbia, MD
- O. Pharmacy Services, Inc. – St Louis, MO
- P. Pet's Choice Pharmacy – Fairbury, NE
- Q. Valley Vet Supply – Marysville, KS

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

- R. Exel Inc. – San Jose, CA
- S. Global Pharmaceuticals Division of Impax Laboratories Inc – Chelfont, PA
- T. Hospira Worldwide, Inc. c/o Aspen Logistics, Inc. – W Salt Lake City, UT
- U. KV Pharmaceutical Company – Bridgeton, MO
- V. Maxim Health Systems, LLC – Columbia, MD
- W. Medline Industries Holdings, LP – Sumner, WA
- X. Nesher Pharmaceuticals, Inc. – Bridgeton, MO
- Y. Nesher Pharmaceuticals, Inc. – Bridgeton, MO
- Z. PediatRx, Inc. – Califon, NJ
- AA. Ther-Rx Corporation – Bridgeton, MO
- BB. Tri-Anim Health Services, Inc. – Visalia, CA
- CC. Woodfield Distribution, LLC – Boca Raton, FL

Applications for Nevada Pharmacy – Non Appearance:

- DD. Mt. View Pharmacy – Las Vegas
- EE. Western Home Care – Las Vegas

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board Action:

Motion: Mary Lau found the consent agenda application information to be accurate and complete and moved for approval.

Second: Kam Gandhi

Action: Passed Unanimously.

Discussion:

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

Second: Kam Gandhi

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

A. Patrick J. Cunningham, R.Ph (10-054-RPH-S)

President Fey recused from participation in the matter of Patrick Cunningham as they both worked in the pharmacy at Sunrise Hospital. President Fey asked Chad Luebke to preside.

Patrick Cunningham appeared and was sworn by Presiding Officer Luebke prior to answering questions or offering testimony.

Carolyn Cramer gave opening statements and described the circumstances of this matter. The Board received notice of termination of employment from Sunrise Hospital where Mr. Cunningham was found working under the influence of alcohol.

Mr. Cunningham admitted that he had a very stressful week because two of his close friends died within a short period of time of each other. He indicated that he went out with friends the night before the lab test and they were drinking heavily. In hindsight, he should have called in sick rather than gone to work that morning, but he used poor judgment. Mr. Cunningham also testified that he was working under stressful circumstances at Sunrise Hospital. He stated that he hated to go to work and that he did not get along with pharmacy management. Mr. Cunningham testified that he did not have an alcohol problem and that this was a onetime incident. He indicated that while he was working that morning, his work was being double checked and he did not feel he was a danger to the public or patients in the hospital.

Ms. Cramer presented Exhibit 1, a toxicology report showing that Mr. Cunningham's blood alcohol level was 0.42 g/dL. This exhibit was accepted into the record.

Ms. Cramer recommended revocation of Mr. Cunningham's pharmacist license. Even though there was no patient harm, she reminded that it isn't lawful to work in a pharmacy under the influence of alcohol. Ms. Cramer pointed out that the lab draw showing a 0.42 g/dL blood level occurred at noon and noted that if the draw was at 6:00 a.m. when he came on shift his alcohol level would have been even higher.

Mr. Cunningham gave a history of his work experience, noted that he was a leader in the state for advancing pharmacy practice in Nevada, and cited his many accomplishments. He did not feel that his license should be revoked for a one time incident.

Board Action:

Motion: Keith Macdonald moved to find Mr. Cunningham guilty of the alleged violations.

Second: Beth Foster

Action: Passed Unanimously

Motion: Keith Macdonald moved to suspend Mr. Cunningham's pharmacist license for a period of 4 months, within 30 days have a PRN-PRN and anger management evaluation, and place his license on probation for 1 year after the suspension is lifted. If Mr. Cunningham proves to have a problem with alcohol and/or anger management he must appear before the Board prior to continuing practice.

Second: Kam Gandhi

Amend: Mary Lau asked if the First and Second would consider fees and costs. Mr. Macdonald and Mr. Gandhi did not want to add fees and costs to the motion.

Action: Passed Unanimously

B. Cornelius N. Murray

(10-051-PT-S)

Carolyn Cramer noted that Mr. Murray was not present even though he had been noticed appropriately and the letter advising him of the time to appear was sent to the same address as the Accusation and it was not returned.

Ms. Cramer advised that Mr. Murray submitted a written statement to Walgreens loss prevention personnel admitting to cash theft from his employing pharmacy in the amount of \$365.00.

Board Action:

Motion: Mary Lau moved to find Cornelius Murray guilty of the alleged violation.

Second: Beth Foster

Action: Passed Unanimously

Motion: Mary Lau moved to revoke Cornelius Murray's pharmaceutical technician registration.

Second: Keith Macdonald

Action: Passed Unanimously

Carolyn Cramer noted that Ms. Thompson was not present even though she had been noticed appropriately and the letter advising her of the time to appear was sent to the same address as the Accusation and it was not returned.

Ms. Cramer advised that Ms. Thompson submitted a written statement to Smith's district pharmacy manager and store management personnel admitting that she had been taking large quantities of hydrocodone 10/325 for her and her husband's personal use. Smith's determined that their inventory was short approximately 3,900 dosage units since July, 2010. When Ms. Thompson was confronted, she produced two bottles of hydrocodone 10/325 #100 from under her skirt and relinquished them to Smith's personnel.

Board Action:

Motion: Keith Macdonald moved to find Brandi Thompson guilty of the alleged violations.

Second: Chad Luebke

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Brandi Thompson's pharmaceutical technician registration

Second: Chad Luebke

Action: Passed Unanimously

- | | | |
|----|--|----------------|
| D. | Timothy Lopez, R.Ph | (09-122-RPH-S) |
| E. | Applied Pharmacy Services, LLC dba Remedy Rx | (09-122-PH-S) |
| F. | Timothy Lopez, R.Ph | (09-006-RPH-S) |
| G. | Applied Pharmacy Services, LLC dba Remedy Rx | (09-006-PH-S) |

Tim Lopez was present as was his legal counsel, Kevin Murphy. Mr. Murphy and Carolyn Cramer had drafted a stipulated agreement and Ms. Cramer presented it to the Board.

Both Mr. Lopez and Applied Pharmacy Services, dba Remedy Rx, admit to the factual allegations made in the Accusations. Mr. Lopez's pharmacist license will be on probation for five years with conditions. Mr. Lopez will be allowed on the premises of Remedy during business hours only when there is another pharmacist present, to attend to activities related to the sale or transfer of Remedy. Remedy shall have 180 days to arrange for a sale or otherwise transfer its business to another person or entity. On the 181st day after approval of the stipulated agreement Remedy shall voluntarily surrender its license if a sale or transfer has not transpired.

Mr. Murphy agreed that this was the stipulated agreement he and his client had signed.

Board Action:

Motion: Keith Macdonald moved to accept the stipulated agreement as presented.

Second: Beth Foster

Action: Passed Unanimously

H.	Jill Henry, R.Ph	(10-021-RPH-S)
I.	Resource Pharmacy	(10-021-RH-S)

Jill Henry and Linda Sandberg appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Ms. Henry and Ms. Sandberg, representing Resource Pharmacy, were not contesting the facts presented in the Accusation.

Ms. Sandberg presented an exhibit, Pharmacy Practice Overview, that was accepted into the record.

Jill Henry read a statement to the Board regarding how her practice of pharmacy has changed because of these two errors. Ms. Henry cited several areas that she has improved upon and gave details of how she implemented the changes and incorporated them into her daily practice.

Linda Sandberg reviewed the exhibit that was presented and explained the changes and how they have positively impacted the pharmacy procedures.

Board Action:

Motion: Mary Lau moved to find Ms. Henry guilty of the First, Second and Third Causes of Action.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Mary Lau moved to have Resource Pharmacy pay the fees and costs in this matter and accept the presentation as proof of pharmacy practice changes.

Second: Chad Luebke

Action: Passed Unanimously

J. Lisa A. Heathcock

(10-007-PT-S)

Carolyn Cramer noted for the record that Ms. Heathcock had received the Accusation and the notice of appearance was sent to the same address and it had not been returned.

Ms. Cramer explained that Ms. Heathcock worked at Walgreens #12646 without a valid registration for approximately 205 days. Ms. Cramer recommended revocation of Ms. Heathcock's pharmaceutical technician registration.

Board Action:

Motion: Keith Macdonald moved to find Ms. Heathcock guilty of the alleged violation.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Ms. Heathcock's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

K. Veronica B. Cox

(10-059-PT-N)

Veronica Cox appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Ms. Cox admits to the alleged violations in the Accusation, and under the circumstances of this matter she is seeking revocation of Ms. Cox's pharmaceutical technician registration.

Ms. Cox testified that she accepts responsibility for having a lapse in judgment. She noted that she has been suspended since August 5th, 2010. Ms. Cox destroyed packets of CII prescriptions because she was angry with the managing pharmacist and wanted to get the managing pharmacist in trouble with the Board since the pharmacy was due to be inspected. Ms. Cox indicated that she was remorseful of her actions and realizes the seriousness of destroying pharmacy records.

Board Action:

Motion: Mary Lau moved to find Ms. Cox guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Mary Lau moved to revoke Ms. Cox's pharmaceutical technician registration.

Second: Beth Foster

Action: Passed Unanimously

4. Application for Nevada Pharmacy – Appearance:

DOLCRX – Las Vegas

Khanh Pham, David Patel and Ron Shockey appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Pham testified that she has a diabetic patient base and through her practice at this pharmacy could better manage her patients diabetes. Ms. Pham described her pharmacy practice to the Board's satisfaction.

Board Action:

Motion: Keith Macdonald moved to approve the pharmacy application for DOLCRX.

Second: Mary Lau

Action: Passed Unanimously

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

Walgreens Infusion Services – Chico, CA

Joe Dodge appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mary Lau recused from participation in this application as Walgreens retail pharmacies are members of RAN.

Mr. Dodge testified that the pharmacy in Chico, California has only three or four Blue Shield insurance patients it will be serving. They will only be shipping factor products to these patients and nothing else. Mr. Dodge described their shipping methods to the Board's satisfaction.

Board Action:

Motion: Beth Foster moved to approve the application for out of state pharmacy for Walgreens Infusion Services.

Second: Chad Luebke

Action: Passed Unanimously

6. Applications for Nevada MDEG – Appearance:

A. LV Medical Supply – Las Vegas

Katherine Prybil, Arson Manoukian and Aragats Karpetyan appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Prybil appeared as the facility administrator and advised the Board that she had seven years of experience and is certified and trained in various aspects of MDEG operations, including orthotic devices, nebulizers, etc. They are not going to need a respiratory therapist at this time since they do not plan to dispense medical gases as part of their business plan. Ms. Prybil stated that she is going to work full time and conform to the business plan and will attend to referrals from doctors and walk-ins.

Mr. Manukian indicated that he is going to market their business and that will be his principle function in the business. When asked about suppliers he indicated that they have suppliers in mind however they have not contacted them until they have their license with the Board of Pharmacy.

Board Action:

Motion: Chad Luebke moved to approve the application for an MDEG license for Las Vegas Medical Supply.

Second: Mary Lau

Action: Passed Unanimously

B. Tropicana Medical Supply, Inc. – Las Vegas

Mercy Alonge, Azucena Maya, Queen Anieze and Ray Seidlinger appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer reminded the Board that Tropicana Medical Supply was operating without a license. They used Elijah Akpan's license to get Medicare and Medicaid privileges. They whited out Elijah Akpan's name on his license and submitted that for authorization to allow them to practice. It was also noted that various other licenses have expired. Ms. Cramer indicated that they practiced without a license for over a year

and have not been honest with the Board about billing insurance and Medicare and Medicaid.

Carolyn Cramer submitted documents to Ms. Anieze and Ms. Alonge to review showing the license that had been whited out.

Ray Seidlinger testified that he went back to inspect Tropicana Medical and found a statement from a plumber that the hot water had been fixed, but it was not. He indicated that he left the hot water tap running for approximately 15 minutes and it never got hot. Mr. Seidlinger also looked at their records and found that they were billing insurance companies. He stated that he picked up copies of billing documents. Mr. Seidlinger also testified that he listened to the recording of the testimony of Tropicana Medical Supply's last appearance when they clearly stated that they were not billing for their services.

Ms. Alonge claimed ignorance about the requirements involved in purchasing an MDEG facility and did not realize that she had to have a new license with the Board of Pharmacy and could not use Elijah Akpan's license when she purchased the business.

Board Action:

Motion: Keith Macdonald moved to deny the MDEG application for Tropicana Medical Supply. They can reapply after they figure out what they need to do to operate a MDEG facility.

Second: Chad Luebke

Action: Passed Unanimously

C. WS&S Las Vegas – Las Vegas

Linda and John VanGorder appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. VanGorder testified that this was a change of ownership and that she had worked at WS&S Las Vegas for four years under the previous owner's supervision. She indicated that she was to be the facility administrator. Ms. VanGorder explained that children with disabilities is the patient base for WS&S Las Vegas and they will be dealing mostly with walkers, bath equipment, wheelchairs and power chairs.

Board Action:

Motion: Keith Macdonald moved to approve the MDEG application for WS&S Las Vegas.

Second: Kam Gandhi

Action: Passed Unanimously

7. Requests to Amend Discipline Order – Appearance:

A. Henry H. Miller, R.Ph

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

Mr. Miller was present to request an amendment to his Board Order. He explained that he was working at Partel Pharmacy and they had asked him to be the managing pharmacist at the second pharmacy Partel was opening.

Mr. Espadero is supportive of the request to allow Mr. Miller to be a managing pharmacist, however he would not support any more than 90 hours in a two week period.

Mr. Miller explained that they have two or three pharmacists on duty at all times and that he would be able to comply with the terms of not working more than 90 hours within a two week period.

Mr. Espadero indicated that Mr. Miller was doing well in the PRN-PRN program and that he has made considerable lifestyle changes and now is able to cope with stressful situations in a positive manner.

Beth Foster voiced her concerns that it is too soon to allow Mr. Miller to be a managing pharmacist.

Mr. Miller indicated that he was confident there would not be any incidents as in the past as he has proven himself to his peers and his employers. Mr. Miller reiterated that he never wants to go back to where he was before, and that he is enjoying life now.

Board Action:

Motion: Kam Gandhi moved to amend Mr. Miller's Order to allow him to be a managing pharmacist providing he did not work more than 90 hours within a two week period.

Second: Keith Macdonald

Action: Passed Unanimously

B. Steve Shaver, R.Ph

President Fey disclosed that he knows Mr. Shave and that they worked together about nine years ago.

Steve Shaver appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Shaver gave the Board an overview of his history with the Nevada Board of Pharmacy since most of the Board members are new. He then presented a binder of his accomplishments for the last five years of his recovery and monitoring in New Mexico.

Joe Kellogg appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Kellogg gave testimony regarding his association with Mr. Shaver and his work experience with him. Mr. Kellogg noted that he was on the Board when Mr. Shaver was Ordered to 10 years probation and feels very confident recommending that Mr. Shaver be released from that requirement.

Mr. Shaver explained that he is being released from the New Mexico PRN program and would like to be released from probation in Nevada requiring him to report to PRN-PRN in Nevada.

Board Action:

Motion: Keith Macdonald moved to release Mr. Shaver from probation.

Second: Kam Gandhi

Action: Passed Unanimously

8. Request for Reinstatement of Pharmacist License – Appearance:

Michelle Badten

Michelle Badten appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Badten appeared with Larry Espadero, who was reminded that he was still under oath.

Mr. Espadero indicated that Ms. Badten has been very active with the PRN-PRN program and with other programs for the recovery of addiction. Ms. Badten has the support of family and friends which is an important part of the recovery process.

President Fey asked Ms. Badten to explain the circumstances of her situation since she did not appear when the Board revoked her license.

Ms. Badten explained that she had gone through a divorce and she was not coping well with the transition. She stated that she became addicted to Oxycontin and began writing her own prescriptions at work and also took outdated drugs for her personal use.

Mr. Espadero noted that Ms. Badten had attained the goals she set for herself because of the support of her family and peers in her groups. He indicated that she has been amazingly successful in her recovery and recommends that the Board grant reinstatement of her pharmacist license.

Kam Gandhi disclosed that he worked for Sav-On.

When asked about the success rate of PRN-PRN participants, Mr. Espadero indicated it was averaging 95%.

Board Action:

Motion: Keith Macdonald moved to grant reinstatement of Ms. Badten's pharmacist with the provision that she continue with PRN-PRN.

Second: Mary Lau

Action: Passed Unanimously

9. Request for Reinstatement of Pharmacy Technician License – Appearance:

Cynthia J. Stone

Cynthia Stone did not appear before the Board.

Board Action:

Motion: Keith Macdonald moved to deny Cynthia Stone's request for reinstatement of her pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

10. Request for Reconsideration of Discipline Order – Appearance:

Elijah Akpah, R.Ph

Elijah Akpan appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Akpan stated that he was present to request reconsideration of the revocation of his pharmacist license. He claimed that he didn't really fraudulently bill Medicare and

Medicaid but that his employees did it. Mr. Akpan claimed that he and his employees were investigated by the FBI. Mr. Akpan had some serious bad luck because he could not maintain legal counsel. He was charged with 129 counts of fraud. Mr. Akpan stated that he ran out of money and could no longer afford to fight the charges and he pled guilty to one count of Medicare and Medicaid fraud. Mr. Akpan pled that his license not be revoked so he can work to provide for his family and allow him funds to repay the criminal penalties for pleading guilty to the one count of fraud of approximately \$811,000.00.

The Board indicated that he would not be allowed to practice pharmacy in the majority of settings because he was convicted of Medicare and Medicaid fraud. A pharmacist with such a conviction is listed on the OIG list that disallows employment by anyone that bills Medicare or Medicaid. Mr. Akpan stated that he had a letter from the federal government that said he could still practice pharmacy.

Board Action:

Motion: Kam Gandhi moved to deny Mr. Akpan's request for reconsideration of the original Board Order until he can provide proof of reversal of the federal denial to practice.

Second: Beth Foster

Action: Passed Unanimously

11. Requests for Pharmaceutical Technician in Training License – Appearance:

A. Jamal Brumfield

Jamal Brumfield appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Brumfield testified that he is a student at Pima Medical Institute and is ready for his externship. When he applied for his pharmaceutical technician in training registration he had to answer yes to one of the questions because he had a DUI. Mr. Brumfield advised the Board that his DUI was reduced to a reckless driving citation.

The Board asked Mr. Brumfield if he was advised before he enrolled at Pima Medical Institute that his DUI could prevent him from completing the pharmaceutical technician program and he indicated that he was not told.

Board Action:

Motion: Keith Macdonald moved to accept the application for pharmaceutical technician in training and asked Mr. Brumfield to provide a copy of the reduced conviction to the Board's staff.

Second: Kam Gandhi

Action: Passed Unanimously

B. Anthony Cox

Anthony Cox appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Cox explained that in June of 2007 he was stopped for a lane change violation and in the process of that he was found to be in possession of less than one ounce of marijuana. Mr. Cox stated that he did not use marijuana and that he went out with friends and tried it. Mr. Cox also described the trouble he was in at home with his wife and vowed that he would never try marijuana again.

The Board asked Mr. Cox if he was advised before he enrolled at Anthem Institute that his marijuana conviction could prevent him from completing the pharmaceutical technician program and he indicated that he was not told

Board Action:

Motion: Chad Luebke moved to accept the pharmaceutical technician in training application for Mr. Cox.

Second: Keith Macdonald

Action: Passed Unanimously

C. Leon DeGrate

Leon DeGrate appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. DeGrate is enrolled at Anthem Institute in the pharmaceutical technician program. He stated that in 2003 he pled guilty to grand larceny for taking telephones from his employer and selling them for his own gain. Mr. DeGrate stated that he complied with all of the requirements of the court and will be discharged from probation the end of October or early November. He plans to go to court to see if he could have the charges pled down to a gross misdemeanor or conspiracy to commit grand larceny with credit for time served.

Board Action:

Motion: Kam Gandhi moved to approve the application for pharmaceutical technician in training for Mr. DeGrate.

Second: Keith Macdonald

Action: Passed Unanimously

D. Crystal Gebhart

Ms. Gebhart was unable to appear.

Board Action:

Motion: Beth Foster moved to table this application until the January 2011 Board meeting.

Second: Kam Gandhi

Action: Passed Unanimously

E. Genero Siciliano

Mr. Siciliano did not appear. Since he has been agendized several times and has not appeared, the Board determined he must not be interested in obtaining a pharmaceutical technician in training registration any longer.

Board Action:

Motion: Mary Lau moved to deny the application for pharmaceutical technician in training for Mr. Siciliano.

Second: Beth Foster

Action: Passed Unanimously

F. Cara Terry

Cara Terry appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Terry is a student at Pima Medical Institute and is applying for a pharmaceutical technician in training registration so she can complete the program. She indicated that she got a ticket for possession of drug paraphernalia because passengers in her car were in possession of tobacco pipes. There were no drugs in the car and she was not charged with any drug possession offenses. Ms. Terry stated that she learned a serious lesson from this experience and selects her friends more carefully now.

Board Action:

Motion: Kam Gandhi moved to approve the application for pharmaceutical technician in training for Ms. Terry.

Second: Mary Lau

Action: Passed Unanimously

12. Request for Dispensing Technician in Training License – Appearance:

Tawanda Lee

Tawanda Lee and Dr. Stanley William Pierce, Jr. appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Lee explained that she will be arraigned tomorrow on charges of domestic violence. She and her husband had an argument because she was working too much.

Dr. Pierce testified that Ms. Lee had worked for him for a long period of time and was an excellent employee. He would like her to become a dispensing technician in his practice and was present to testify on her behalf.

Board Action:

Motion: Keith Macdonald moved to approve the application for dispensing technician in training for Ms. Lee.

Second: Kam Gandhi

Action: Passed Unanimously

13. Presentation:

Mark Amodei and Liz MacMenamin

Liz Macmenamin, director of government affairs, and Mark Amodei, counsel, for the Retail Association of Nevada appeared and made a presentation regarding the Sanchez v. Wal-Mart case heard in the Supreme Court of Nevada. Footnote #3 of the ruling, outlining Justice Hardesty's opinion on the case, was read and commented on. It is the opinion of RAN that in 2006 when the changes to NAC 639.753 were passed, the Board of Pharmacy did not intend to create a 3rd party liability to others.

14. Election of President

Beth Foster was elected the new Board President

15. General Counsel Report

Recent Regulatory Activities and Litigation

Carolyn Cramer gave a summary of how the renewal process was going. There were more than 17,000 renewals sent out and Board staff was staying on top of getting the renewals scanned, the money deposited and the certificates sent. Unfortunately, some people do not complete the application for renewal appropriately and they have to be returned, but on the whole the process was moving along smoothly.

16. Discussion and Determinations:

A. Continuing Education

Larry Pinson reminded the Board of the current practice of auditing pharmacist's continuing education. As it stands now, if a pharmacist has not done a certain number of the required CE's they are brought to hearing for the Board to determine an appropriate penalty. During the time the deficiency is determined and the time a hearing can be scheduled a significant amount of time can elapse. Should the Board consider suspending a pharmacist's license until a hearing can be scheduled?

Beth Foster thinks a pharmacist should not be able to practice if they have not kept up their continuing education. Because of the ease of attaining CE through today's technology there should be no excuse not to do it between the appropriate timeframes. It was the consensus that pharmacists should not be able to practice until they do their CE.

It was suggested that Board staff could send the pharmacist's in violation a letter requiring them to have their CE done within a certain amount of time, such as seven days, and then bring them to hearing for lying on their renewal applications.

Board staff was directed to send a letter after the audit if it is determined a pharmacist is delinquent in their CE requiring them to have the CE completed within two weeks or they will be suspended and not allowed to practice until they appear at hearing.

B. 14 Day Rule

The 14-day rule is in statute and cannot be changed.

17. Executive Secretary Report:

A. Financial Report

The financial report was given to the Board's satisfaction.

B. Temporary Licenses

No temporary licenses were issued since the last meeting.

C. Staff Activities

1. CE

Staff has been actively conducting CE programs all around the state, all have been well attended. The Pharmacist's Letter Nevada law CE program is now available online free of charge to pharmacists and pharmacy technicians.

2. NABP District Meeting

Larry Pinson chaired a round table discussion on PMP activity throughout the country, sharing our program highlights with other states. Jenine Davis, our PMP intervention officer, spoke as well.

D. Reports to Board

1. MDEG Committee Meeting (9/21)

The committee was bewildered with the rejection of the facility administrator regulation by the Legislative Commission on regulations. Larry Pinson has asked the Commission to reconsider after further clarification of the intent of the regulation and its importance with respect to Medicare and Medicaid fraud.

F. Board Related News

Larry Pinson shared with the Board the accomplishment of Daniel Blakeley who on 9/23/10 became the only known pharmacist to have become licensed in all 50 states.

A report was given on the success rate with NAPLEX of USN students (98% pass rate).

F. Activities Report

WORKSHOP

18 .

Proposed Regulation Amendment Workshop.

Amendment of Nevada Administrative Code 639.510 Schedule 1

Because of noted abuse of un-regulated synthetic cannabinoids resulting in dire circumstances and requests from legislators and the Douglas County District Attorney's Office it is in the public's best interest to schedule as a CI.

Tracy Birch, Las Vegas Metro Forensic Lab Manager, David Goldthorp, Las Vegas Metro Forensic Controlled Substance Unit and Bruce Gettner, Detective for Las Vegas Metro Narcotics Division appeared to request the Board schedule synthetic cannabinoids in Schedule I

They discussed with the Board how to craft language to define synthetic cannabinoids so it does not impede the practice of medicine, and is identifiable with crime labs so that officers can effectively enforce the law. Spice, for instance, has synthetic cannabinoids added to herbal mixtures. People that they have seen using Spice or other brand name herbal mixtures tend to use enhancers along with them exhibiting behavior similar to people who use LSD. Detective Gettner indicated that they are seeing large numbers of people under the influence of synthetic cannabinoids taken with enhancers who become extremely violent. They have seen users who have lost consciousness for as long as six hours after taking Spice. Las Vegas Metro has not been able to attribute any deaths to synthetic cannabinoids yet, however they are extremely concerned.

Ms. Birch, Mr. Goldthorp and Detective Gettner all indicated they would be willing to work with Board staff to compile language that would accomplish their goal of scheduling synthetic cannabinoids in Schedule I.

PUBLIC HEARING

19. Notice of Intent to Act Upon a Regulation:

1. **Amendment of Nevada Administrative Code 639.NEW, 639.469, 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.

President Fey opened the Public Hearing.

Ray Seidlinger, Board inspector, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Seidlinger asked the Board to consider that the language be amended to include a minimum/maximum temperature feature. If the refrigerator goes out of range an alert is given and will annotate a digital reading while the pharmacy is closed. He advised that the CDC requires checking and logging twice a day and that vaccines need to be monitored. Mr. Seidlinger stated that the cost is minimal and you can get a thermometer that monitors and annotates any variances for less than \$20.00.

Katie Craven appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Cramer would like to see language on page four subsection (e) removed since this language does not comply with the compounding regulations which require a laminar airflow hood to be certified twice a year, not annually as these regulations are written.

Liz Macmenamin appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Macmenamin would like the Board of Pharmacy to educate pharmacies not regulate them. She noted that if pharmacies are closed they would not be compliant and does not want a requirement to have a thermometer in a pharmacy refrigerator. Ms. Macmenamin also noted that Joey Scolari, owner of Scolari's Food and Drug stores, would find it to be a financial burden to have to put thermometers in their refrigerators.

Joe Kellogg appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Kellogg does not think it is necessary to regulate the temperature in pharmacy refrigerators and would like to see the Board abandon this regulation.

Ron Shockey, Board inspector, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Shockey gave a little history into this topic and noted that ambulatory surgery centers started this issue. They did not record drug temperatures when they were closed. Mr. Shockey advised that proper storage with a temperature gauge would do the job.

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

Board Action:

Motion: Keith Macdonald moved to abandon this regulation, feeling that compliance through the inspection process is sufficient.

Second: Beth Foster

Action: Passed Unanimously

2. **Amendment of Nevada Administrative Code 639.NEW Telepharmacy**
This language sets the parameters for a pharmacist or dispensing practitioner to practice from a remote site in rural areas to facilitate the needs of patients in remote areas of Nevada.

President Fey opened the Public Hearing.

There was no public comment.

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

Board Action:

Motion: Mary Lau moved to adopt this language as presented.

Second: Keith Macdonald

Action: Passed Unanimously

20. Next Board Meeting:

December 1 & 2, 2010 – Reno, Nevada

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

Don Fey wanted to publicly thank the Board and staff for their support and the honor it was working with each of them in his three year tenure on the Board. Chad Luebke also said it was a pleasure to serve as a member on the Nevada Board of Pharmacy. Board staff commended each on their outstanding service to the Board.