

July 5, 2011

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Boulevard, South
Las Vegas

Wednesday, July 13, 2011 – 9:00 am

Thursday, July 14, 2011 – 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;

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

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

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

PUBLIC COMMENT

◆ 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.

1. Approval of June 1, 2011, Minutes for Possible Action
2. Applications for Out-of-State MDEG – Non Appearance for Possible Action:

- A. All Desert Respiratory – Lancaster, CA
- B. Baxter Healthcare Corporation – Largo, FL
- C. Care 1st Medical Solutions, Inc. – Chattanooga, TN
- D. Hill-Rom Company, Inc. – Salt Lake City, UT
- E. Hu-Friedy Mfg. Co, LLC – Niles, IL
- F. K2M, Inc. – Leesburgh, VA
- G. Orbit Medical of Phoenix, Inc. – Phoenix, AZ
- H. Smiths Medical ASD, Inc. – Dublin, OH
- I. Smiths Medical ASD, Inc. – Gary, IN
- J. Smiths Medical ASD, Inc. – Oakdale, MN
- K. Smiths Medical ASD, Inc. – Olive Branch, MS
- L. Smiths Medical ASD, Inc. – Rockland, MA
- M. Smiths Medical ASD, Inc. – St. Paul, MN
- N. Tandem Diabetes Care, Inc. – San Diego, CA
- O. Total HealthDiabetes LLC – Maitland, FL
- P. UltraVoice, Ltd. – Newtown Square, PA
- Q. Wound Management of Oklahoma – Oklahoma City, OK

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

- R. APS Pharmacy – Palm Harbor, FL
- S. Arkansas Valley AccuMed – Ordway, CO
- T. Balanced Solutions Compounding Pharmacy LLC – Lake Mary, FL
- U. CareKinesis, Inc. – Moorestown, NJ
- V. Edwin's Prescription Pharmacy – Valley Village, CA
- W. Pet Meds and Beyond – Hialeah, FL
- X. Restore Health Pharmacy, LLC – Madison, WI
- Y. Stokes Pharmacy – Mount Laurel, NJ
- Z. Valley Medical Pharmacy – Brawley, CA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- AA. City Drugs – Las Vegas
- BB. CNS Scrips LLC – Las Vegas
- CC. Lovelock Pharmacy – Lovelock
- DD. Meds at Home – Las Vegas

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

- EE. Althea Technologies Inc. – San Diego, CA
- FF. Alvogen, Inc. – Parsippany, NJ
- GG. Arrow International, Inc. – Lumberton, NJ
- HH. Camber Pharmaceuticals Inc. – Piscataway, NJ
- II. Cantrell Drug Company – Little Rock, AR
- JJ. Dendreon – Seal Beach, CA
- KK. E.R. Squibb & Sons, LLC – Plainsboro, NJ
- LL. J.T. Posey Company – Arcadia, CA
- MM. Fisher Clinical Services Inc. – Breingsville, PA
- NN. LifeScience Logistics – Brownsburg, IN
- OO. Patterson Logistics Services, Inc. – South Bend, IN
- PP. Tagi Pharma, Inc. – South Beloit, IL
- QQ. VersaPharm Incorporated – Marietta, GA

◆ REGULAR AGENDA ◆

3. Discipline for Possible 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. | Yvonne Jett, PT | (11-044-PTT-S) |
| B. | Walgreens #04855 | (11-044-PH-S) |
| C. | Walgreens Co. | (11-044-PH-S) |
| D. | Jennifer Chan, R.Ph | (10-032-RPH-S) |
| E. | Walgreens #04137 | (10-032-PH-S) |
| F. | Walgreens #04854 | (10-073-PH-S) |
| G. | Joseph Overmire, R.Ph | (11-055=RPH-S) |
| H. | Rudolph Thompson, PT | (11-054-PT-S) |
| I. | Christopher J. Wintch, PT | (11-005-PT-S) |
| J. | Timeka Mitchell, PT | (11-051-PT-S) |
| K. | Deangela Johnson, PT | (11-039A-PT-S) |
| L. | Vannesa Robeson, PT | (11-039B-PT-S) |
| M. | Emily De Witt, R.Ph | (11-034-RPH-S) |
| N. | CVS/pharmacy #8821 | (11-034-PH-S) |
| O. | Frank Alvarado | (11-036-PTT-N) |
| P. | CVS/pharmacy #8779 | (11-036-PH-N) |
| Q. | CVS Pharmacy Corporation | (11-036-PH-N) |

4. Requests for Reinstatement of Pharmacist License – Appearance for Possible Action:
 - A. Scott T. James (06-048-RPH-S)
 - B. Christopher Peters (10-011-RPH-S)
5. Requests for Pharmaceutical Technician in Training License – Appearance for Possible Action:
 - A. Nicholas D. Covington
 - B. Alexander G. Frankos
 - C. Brian J. Katz
6. Requests for Pharmaceutical Technician License – Appearance for Possible Action:
 - A. Vanessa C. Kyles
 - B. Trina D. Trinidad
7. Request for Practitioner Dispensing Registration – Appearance for Possible Action:

Yvonne A. Barry, MD
8. Requests for Controlled Substance Registration – Appearance for Possible Action:
 - A. Kent A. Swaine, MD
 - B. Joel E. Washinsky, MD
9. Applications for Nevada MDEG – Appearance for Possible Action:
 - A. Amador Medical, LLC – Las Vegas
 - B. Caring Medical Supply LLC – Henderson
 - C. Emerald Lake Inc. – Las Vegas
 - D. Pulmocare Respiratory Services – Las Vegas
10. Application for Out-of-State Wholesaler – Appearance for Possible Action:

B & B Pharmaceuticals, Inc. – Aurora, CO
11. Budget – Fiscal Year 2011-2012 for Possible Action

12. Discussion and Determination for Possible Action:
 - A. Computerized Physician Order Entry in a Hospital
 - B. Electronic Prescribing – C II's
13. Personnel Review for Possible Action – Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.
 - A. Personnel Evaluation
 - B. Executive Secretary Evaluation
14. General Counsel Report for Possible Action:

Legislative Update
15. Executive Secretary Report for Possible Action:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 - i. CE in Carson City (6/7/) – Joe & Larry
 - ii. DEA National Conference (6/14-6/15)
 - iii. University of Utah Alcohol & Drug Abuse School (6/20-6/24)
 - iv. Address Philippine Medical Association in Las Vegas (6/25)
 - v. Address Nevada Osteopathic Association in Reno (6/25)
 - D. Reports to Board
 - i. TB Reporting
 - ii. Disciplinary actions other states
 - iii. Your Success Rx Report
 1. Enrique Romero
 2. James Thompson
 - iv. Hillerby Report
 - E. Board Related News
 - i. Idaho State University Preceptor Review
 1. For Board of Pharmacy Rotation
 - ii. Cancer Drug Donation Campaign
 - iii. Diana Hegeduis, Executive Director of Osteopathic Medicine
 - F. Activities Report
16. Next Board Meeting:

September 14-15, 2011 - Reno

17. Public Comments and Discussion of and Deliberation Upon Those Comments:
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)

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

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

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

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

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



Nevada State Board of Pharmacy

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

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno

Wednesday, June 1, 2011

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

Board Members Present:

Keith Macdonald	Beth Foster	Kirk Wentworth
Russell Smith	Jody Lewis	Kam Gandhi
Cheryl Blomstrom		

Board Members Absent:

Board Staff Present:

Jeri Walter	Carolyn Cramer	Keith Marcher
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CONSENT AGENDA

1. Approval of April 13-14, 2011, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Aamco Medical – Sandy, UT
 - B. Comfort Medical, LLC – Coral Springs, FL
 - C. FedEx Supply Chain Systems, Inc. – Memphis, TN
 - D. FedEx Supply Chain Systems, Inc. – Memphis, TN
 - E. Gordian Medical, Inc. – Irvine, CA
 - F. Medtronic CoreValve, Inc. – Irvine, CA
 - G. Orsini Home Medical Equipment Inc. – Elk Grove Village, IL
 - H. Orthassist, LLC – Libertyville, IL
 - I. Spectrum Healthcare, Inc. – Phoenixville, PA
 - J. Togetherhealth – Sunrise, FL

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

- K. Coastal Express Pharmacy, Inc. – Long Beach, CA

- L. Confidential Pharmacy Services Inc. – Glendale, CA
- M. Custom Pharmacy Solutions – Birmingham, AL
- N. PharMerica – Phoenix, AZ

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

- O. Auburn Pharmaceutical Company – Salt Lake City, UT
- P. Boehringer Ingelheim Vetmedia, Inc. – Fort Dodge, IA
- Q. BUDCO, Inc. – Highland Park, MI
- R. CAO Group, Inc. – West Jordan, UT
- S. Independent Pharmacy Cooperative – Phoenix, AZ
- T. Paddock Laboratories, LLC – Minneapolis, MN
- U. Paddock Laboratories, LLC – New Hope, MN
- V. Pharma Logistics, Ltd. – Mundelein, IL
- W. Schering Corporation – Kenilworth, NJ
- X. Smith Drug Company – Spartanburg, SC
- Y. UPS Supply Chain Solutions, Inc. – Louisville, KY

Applications for Nevada Pharmacy – Non Appearance:

- Z. BHS Specialty Pharmacy – Las Vegas
- AA. The Nevada Center for Reproductive Medicine – Reno
- BB. Walgreens #15035 – Las Vegas

Application for Nevada MDEG – Non Appearance:

- CC. CPAP & More – Sparks

Discussion:

The consent agenda applications and supporting documents were reviewed.

NOTE: Russ Smith recused from participation in the vote on Item BB as he is employed by Walgreens.

Board Action:

Motion: Kam Gandhi found the consent agenda application information to be accurate and complete and moved for approval with the exception of Item BB.

Second: Cheryl Blomstrom

Action: Passed Unanimously.

Motion: Kam Gandhi moved for approval of Item BB.

Second: Kirk Wentworth

Action: Passed Unanimously.

Discussion:

Motion: Kirk Wentworth found the minutes accurate and complete and moved for approval.

Second: Russ Smith

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

- | | | |
|----|------------------------|----------------|
| A. | Marty L. Martins, R.Ph | (10-083-RPH-N) |
| B. | Scolari's Pharmacy #25 | (10-083-PH-N) |

President Foster disclosed that her husband is a pharmacist and works for Scolari's. Kirk Wentworth recused from participation in this matter as Marty Martins previously worked for him.

Hal Taylor was present to represent Marty Martins and David Chan was present to represent Scolari's.

Marty Martins and David Chan appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer read the terms of a Stipulation and Agreement into the record that Mr. Chan and Scolari's came to with Board staff. The investigation of this matter raised concerns regarding the records maintained in the pharmacy computer. Mr. Chan has already taken corrective action to address the concerns by remodeling the pharmacy to alleviate shelf congestion. Mr. Chan provided Board staff with photographs of the remodeled space. The computer system has been reprogrammed so each person involved in the processing of a prescription is identifiable. Various new policies and procedures have been implemented regarding positive identification to ensure that the right patient receives the right medication. Binders containing the policy and procedure manual have been distributed to each Scolari's pharmacy in the chain. The Board's staff has reviewed the policies and procedures and approves of the changes made. The Board's staff and Scolari's agree to the imposition of a \$750.00 fine and ask the Board to accept the Stipulation and Agreement as presented.

Board Action:

Motion: Keith Macdonald moved to accept the Stipulation and Agreement as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Carolyn Cramer read the terms of a Stipulation and Agreement into the record that Mr. Martins and Mr. Taylor came to with Board staff. Mr. Martins acknowledges the errors that were made in this matter and recognizes that he must take corrective action, on his part, to avoid such errors in the future. The Board's staff, Mr. Martins and Mr. Taylor agree to the imposition of Mr. Martins' participation in the Your Success Rx program and ask the Board to accept the Stipulation and Agreement as presented.

Mr. Martins made a heartfelt statement to the Board and apologized for making the errors in this matter.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulation and Agreement as presented.

Second: Jody Lewis

Action: Passed Unanimously

C.	James E. Christensen, R.Ph	(10-043A-RPH-N)
D.	Matthew R. Christensen, R.Ph	(10-043B-RPH-N)
E.	Rex Drugs	(10-043-PH-N)

James Christensen and Matthew Christensen appeared and were sworn by President Foster prior to answering questions or offering testimony.

Hal Taylor was present to represent the Respondents.

Carolyn Cramer read the terms of a Stipulation and Agreement into the record that James Christensen, Matthew Christensen and Mr. Taylor came to with Board staff. After the investigation of this matter it was determined that the errors can be attributed to pharmacist inattention, unfamiliarity with the drug Nuvigil which was not in the computer system, look alike/sound alike drug names, failure to accurately transcribe a physician's order, poor verification procedures, poor counseling procedures and the alteration of the original computer records to correct the initial error resulted in a furtherance of the error in the directions for use in the second prescription. The Board's staff, Respondents and Mr. Taylor agree to the imposition of James Christensen,

Matthew Christensen and Rex Drugs participation in the Your Success Rx program and ask the Board to accept the Stipulation and Agreement as presented.

Board Action:

Motion: Keith Macdonald moved to accept the Stipulation and Agreement as presented.

Second: Kam Gandhi

Action: Passed Unanimously

F.	Frank Alvarado	(11-036-PTT-N)
G.	CVS/pharmacy #8779	(11-036-PH-N)
H.	CVS Pharmacy Corporation	(11-036-PH-N)

This matter was continued until the July 2011 Board meeting.

4. Requests for Pharmaceutical Technician in Training License – Appearance:

A. Andrea K. Boucher

NOTE: Keith Macdonald recused from participation in this matter as he is employed by Wal-Mart.

Andrea Boucher and Larry Espadero, PRN-PRN monitor, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer reminded the Board that Ms. Boucher had answered yes to one of the questions on her application for a pharmaceutical technician in training application. It was learned at her last appearance that Ms. Boucher was participating in a methadone program. The Board advised Ms. Boucher to have an evaluation by PRN-PRN and she and Mr. Espadero are present to discuss.

Mr. Espadero indicated that she is participating in a methadone program at ATC and is trying to titrate off of the methadone. At the rate she is decreasing her dosage it may be six to nine months before she is off methadone. Mr. Espadero indicated that she is seeing Colin Hodge, who is a drug and alcohol counselor and PRN-PRN monitor in the North. Mr. Espadero indicated that while Ms. Boucher is taking methadone it is difficult to drug test her.

Carolyn Cramer explained that Ms. Boucher could withdraw her application, or the Board could deny it. She suggested withdrawing the application so in the future she does not have to answer on other applications that she has had an application denied.

Ms. Boucher withdrew her application for pharmaceutical technician in training.

B. Nathan A. Evans

Nathan Evans appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Evans indicated that he was applying to participate in the Milan Institute pharmaceutical technician program, however he had to answer yes to one of the questions on the PTT application. Mr. Evans testified that he was arrested for possession of marijuana paraphernalia in 2009. He stated that it was his girlfriend's paraphernalia but he took the blame so she would not lose her child care license. He paid the fine and has not been in trouble since this incident. He moved here from Florida to remove himself from former friends and bad situations.

Karen Powell, the pharmaceutical technician program director for the Milan Institute, was present in the audience and she noted that Milan is drug testing and doing background checks.

The Board questioned Mr. Evans about his past employment, his friends and relationships and he answered them to their satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve Mr. Evans application for a pharmaceutical technician in training registration.

Second: Kam Gandhi

Action: Passed Unanimously

5. Requests for Pharmacist License – Reciprocity – Appearance:

A. Howard Pulver

Howard Pulver appeared and was sworn by President Foster prior to answering questions or offering testimony.

President Foster noted that Mr. Pulver answered yes to two of the questions on his application for reciprocity admitting that he had had an administrative action against his license and that he had had his license suspended, revoked, surrendered or otherwise disciplined. In Mr. Pulver's explanation that he provided along with his application for reciprocity he indicated that he was sanctioned for misinterpretation of prescription refills when entering them into the computer and that he misused store gift cards. President Foster advised that the Board had before them the Consent Agreement and Order for Suspension issued by the Arizona State Board of Pharmacy and the Findings of Fact indicate that there was considerably more than misuse of gift

cards and adding refills. Mr. Pulver indicated that he knew the Arizona Board was going to send the Consent Agreement so he just gave a brief version. President Foster noted that Mr. Pulver was suspended for six months and asked him to explain the circumstances. Mr. Pulver stated that he had some accidents and surgeries and he was taking Darvocet. Initially his prescriptions had one refill but he noted that his physician changed the prescriptions to no refills so he would have to go in to see the doctor monthly. He stated that he had been taking Darvocet for about three years and didn't notice that there were no refills when he was filling the prescriptions he was filling for himself. President Foster asked Mr. Pulver about the status of his license in Arizona. He indicated that his license was reinstated in May of 2010 and he had to take the law exam but there were no other stipulations on his license. When asked if he was in a treatment program he indicated that he was never in a treatment program because he was using the medications according to the directions by his physician. Mr. Pulver was asked about the gift cards that resulted in a loss to Wal-Mart of \$1,642.00, and he indicated that the Findings of Fact were not accurate and claimed that he signed the Consent Agreement because he did not want to go to court to contest. Carolyn Cramer noted other controlled substance medications that he filled for himself and family members where the quantities were changed or refills were added and he claimed that those Findings of Fact were also inaccurate. He indicated that he was working in a mail order facility in Arizona and was not interested in working in a retail environment again. After lengthy discussion, President Foster asked for a vote.

Board Action:

Motion: Cheryl Blomstrom moved to deny Mr. Pulver's request for reciprocity to Nevada.

Second: Keith Macdonald

Action: Passed Unanimously

B. Shaleen Srivastava

Shaleen Srivastava appeared and was sworn by President Foster prior to answering questions or offering testimony.

President Foster noted that Mr. Srivastava answered yes to two of the questions on his application for reciprocity admitting that he had had an administrative action against his license and that he had had his license suspended, revoked, surrendered or otherwise disciplined. Carolyn Cramer asked Mr. Srivastava to explain the circumstances. He indicated that after he graduated from pharmacy school he was caught diverting drugs from his employers. He explained that he took them to get high with a girlfriend but denied an addiction problem. Mr. Srivastava signed a 5 year PRN contract in Oregon, went through a 30 day in-patient program and a 1 year out-patient program. Mr. Srivastava was placed on probation for ten years with the Oregon Board, however he petitioned for early release from probation and the PRN program and it was

granted after serving a four year probationary period and his license is active and unrestricted in Oregon now.

Board Action:

Motion: Keith Macdonald moved to approve Mr. Srivastava's request for reciprocity pending an evaluation by Larry Espadero.

Second: Russ Smith

Action: Passed Unanimously

6. Application for Nevada Wholesaler – Appearance:

Burkhart Dental Supply Co. – Reno

James Omvig and Michael Baxter appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Omvig and Mr. Baxter gave an overview of their facility and its 120 year family owned history. Mr. Omvig indicated that he has been the facility manager since 2005 with Burkhart Dental Supply Company and has eleven years total experience. They gave details on their procedures and the products they supply to dental offices.

Board Action:

Motion: Keith Macdonald moved to approve the Nevada wholesaler application for Burkhart Dental Supply Company pending inspection.

Second: Cheryl Blomstrom

Action: Passed Unanimously

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

River's Edge Pharmacy – Rancho Mirage, CA

Hany Benjamin appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Benjamin explained that River's Edge is a specialty infusion pharmacy that provides medications for HIV and oncology patients. He currently serves southern California patients and has plans to expand to northern California and Nevada. Besides his regular patients, Mr. Benjamin serves the underprivileged that cannot afford their medications and has been able to get help from various governmental agencies and the Chronic Disease Foundation to help maintain care for these patients. Mr. Benjamin

uses UPS for his shipping purposes. He ships his medications patient specific to either the patient directly or to the physician's office for dispensing to the patients.

Board Action:

Motion: Kam Gandhi moved to approve the out of state pharmacy application for River's Edge Pharmacy.

Second: Jody Lewis

Action: Passed Unanimously

8. Request for Reinstatement of Pharmacy Technician License – Appearance:

Heidi R. Miscovich

(08-087-PT-N)

Heidi Miscovich appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer explained that Ms. Miscovich appeared before the Board in 2009 and explained in a tearful admission that she had diverted a few tablets of MS Contin and methadone from her employing hospital pharmacy with the intent to take her life. Ms. Miscovich was going through a difficult period in her life, but decided not to take her life after all, and flushed the drugs she had taken.

Ms. Miscovich testified that she is working two jobs with elderly and mental health patients and would like to return to hospital pharmacy because she does that best and she likes the work. She stated that she was a pharmaceutical technician for eleven years before this incident and was a good technician. Ms. Miscovich indicated that the difficulties in the past with her daughter were resolved and her daughter is back on track. Also at that point in her life, she and her husband were having difficulties, too, but her marriage is stable now. She explained that she has never had a drug problem, that she only took the drugs to end her life, and that she would like to go back into hospital pharmacy now that her life has stabilized.

Board Action:

Motion: Russ Smith moved to reinstate Ms. Miscovich's pharmaceutical technician registration.

Second: Keith Macdonald

Action: Passed Unanimously

9, Request for Reinstatement of Pharmacist License – Appearance:

Zachary W. Bergan

(07-083-RPH-N)

NOTE: Russ Smith and Kirk Wentworth recused from participation as each of them had employed Mr. Bergan.

Mr. Bergan was unable to personally appear before the Board and testified by telephone.

Zach Bergan was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer explained that when Mr. Bergan appeared at the January 2010 Board meeting to request reinstatement of his license, the Board tabled the request until he could provide the Board with proof that he had been in treatment for at least six months. Mr. Bergan has provided that proof, plus substance abuse testing records, an affidavit showing that he has been attending pharmacy support group meetings, and several letters of recommendation.

Mr. Bergan testified that he is still living in Connecticut and that he has no intention of returning to Nevada to practice, but he would like his license reinstated so the Connecticut Board of Pharmacy will consider accepting his application for reciprocity. Mr. Bergan advised that he is now happily married, has begun a new family, has a good support system in place, has completed 45 continuing education units and is keeping up with the pharmacy world. Mr. Bergan values his education, has altered his lifestyle and would like the opportunity to put his knowledge to work again as a pharmacist to ensure that he provides well for his family.

Board Action:

Motion: Keith Macdonald moved to reinstate Mr. Bergan's pharmacist license and if he returns to Nevada to practice that he join the PRN-PRN program.

Second: Cheryl Blomstrom

Action: Passed Unanimously

10. Credit Card Authorization

Carolyn Cramer reported that Board staff is changing their Visa provider to Heritage Bank. The Bank has asked that the Board make a motion to allow the change and increase the line of credit.

Board Action:

Motion: Keith Macdonald, the Board's treasurer, moved to change the Visa provider to Heritage Bank and increase the credit limit to \$25,000.00.

Second: Cheryl Blomstrom

Action: Passed Unanimously

11. General Counsel Reports:

A. Legislative Commission

Ms. Cramer noted that she appeared before the Legislative Commission and was questioned regarding why we do not allow e-prescribing practices for CII's. She explained that statutorily it was prohibited. Ms. Cramer submitted language to the Commission to give the Board the statutory authority to allow CII's to be e-prescribed to parallel the DEA's intent once they establish the software vendors. She indicated that Larry Pinson is going to a DEA conference later this month and will learn more.

B. Legislative Update

SB114, Mo Denis' bill, was signed by the governor to allow states to share PMP information with each other.

AB199, Debbie Smith's bill, is still in play. This would extend collaborative agreements between hospital pharmacists and physicians. Also in this bill is a section regarding businesses that are not pharmacies using the "Rx" symbol.

12. Executive Secretary Report:

A. Financial Report

Carolyn Cramer gave the financial report and noted that Keith Macdonald, the Board's treasurer, will be giving a budget report at the July meeting.

B. Temporary Licenses

There were no temporary licenses issued since the last Board meeting.

C. Staff Activities

- i. CE In Carson City (6/7) Joe & Larry
- ii. CE In Ely (5/18) – Joe
- iii. University of Utah Alcohol & Drug Abuse School (6/20-6/24) – Larry
- iv. Address Philippine Medical Association in Las Vegas (6/25/) – Larry
- v. Address Nevada Osteopathic Association in Reno (6/25) - Carolyn

D. Reports to Board

President Foster gave an overview of the NABP Annual Meeting and indicated that she found it to be a valuable experience. The DEA was present, compounding reports were given and nationwide prescription monitoring programs were discussed. President Foster noted that Paul Osterman from the University of Southern Nevada brought pharmacy students to the meeting. She commended him for exposing the pharmacy students to a different learning environment by attending a national meeting.

- i. Hillerby Report

ii. TB Reporting

Ms. Cramer advised that she and Mr. Pinson met with the TB group and pharmacists will have to report the sales of certain TB medications to their group. They are working out the details.

E. Board Related News

F. Activities Report

13 . Next Board Meeting:

July 13-14, 2011 – Las Vegas

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

There were no public comments.

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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

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

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

FACILITY INFORMATION

Facility Name: ALL DESERT RESPIRATORY

Physical Address: 42247 12th St. West #115
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: LANCASTER State: CA Zip Code: 93534

Telephone Number: 661 974-8009 Fax Number: 661 974-8305

E-mail: HDRESP@AOL.COM Website: PENDING

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: ON CALL to Sun: ON CALL to Holidays: ON CALL to

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

Name: RANDALL WOLFE

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 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: FRANK BARCENAS Telephone: 928-846-0827 Page 1-2010

57099

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: Balanced Solutions Compounding Pharmacy, LLC
Physical Address: 550 Technology Park, Suite 1008
Mailing Address: Same as above
City: Lake Mary State: FL Zip Code: 32746
Telephone Number: 407-936-2999 Fax Number: 800-910-7195
Toll Free Number: 877-811-6337
E-mail: Sherry.markley@Daxiumhealthcare.com Website: www.bshrx.com
Managing Pharmacist: Kevin A. Wiltz, II License Number: PS 38882

Hours of Operation:

Monday thru Friday 9 am 6 pm, EST Saturday Ø am Ø pm
Sunday Ø am Ø pm 24 Hours ON CALL SVC.

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: JUN 15 2011 Check Number: 532 Amount: 500.00

57077

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

New MDEG x Ownership Change Name Change Location Change

E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.baxter.com

Fri: 8AM to 8AM Sat: to Sun: to Holidays: to

Name: Mary Malloy

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

Name: Emergencies Telephone: 800-553-6998 Page 1-2010

57266

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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

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

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

FACILITY INFORMATION

Facility Name: CARE 1st Medical Solutions, Inc

Physical Address: 2600 WALKER ROAD, Suite 130
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: CHATTANOOGA State: TN Zip Code: 37421-9875

Telephone Number: 866-440-1350 Fax Number: 866-440-1350

E-mail: MIKE@CARE1STMED.COM Website: WWW.CARE1STMED.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Michael R. Eberly

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- ☐ Other: _____

** If providing these types of services 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: _____ Page 1-2010

57103

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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

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

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

FACILITY INFORMATION

SEND LICENSE TO: HILL-ROM COMPANY, INC.
1069 STATE ROUTE 46 EAST
BATESVILLE, INDIANA 47006

Facility Name: HILL-ROM COMPANY, INC. ATTN: KEN SCHNELL

Physical Address: 1525 GLADIOLA STREET, SUITE 10
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SEE ADDRESS ON PAGE 2

City: SALT LAKE CITY State: UT Zip Code: 84104

Telephone Number: 801-330-7965 Fax Number: 801-595-0078

E-mail: RYAN.LEE@HILL-ROM.COM Website: WWW.HILL-ROM.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: RYAN LEE

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

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

** 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 LI of a Nevada contact.

NOT APPLICABLE

Name: KEN SCHNELL Telephone: 812-931-3449 Page 1-2010

57196

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

wholesale

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

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

New MDEG X Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Hu-Friedy Mfg. Co., LLC

Physical Address: 6977 N. Austin Ave., Niles, IL 60714
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3232 N. Rockwell St.

City: Chicago State: IL Zip Code: 60618

Telephone Number: 773-975-3975 Fax Number: 773-975-9046

E-mail: MCole@hu-friedy.com Website: www.hu-friedy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 6pm Tue: 6am to 6pm Wed: 6am to 6pm Thu: 6am to 6pm
Fri: 6am to 6pm Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Scott Pachniak

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

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

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

Name: N/A Telephone: N/A Page 1-2010

57104

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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

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

New MDEG <input checked="checked" type="checkbox"/>	Ownership Change <input type="checkbox"/>	Name Change <input type="checkbox"/>	Location Change <input type="checkbox"/>
---	---	--------------------------------------	--

FACILITY INFORMATION

Facility Name: K2M, Inc.

Physical Address: 751 Miller Dr. SE Leesburg, VA 20175

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

Mailing Address: 751 Miller Dr. SE

City: Leesburg State: VA Zip Code: 20175

Telephone Number: 703.777.3155 Fax Number: 703.777.8136

E-mail: mlee@k2m.com Website: k2m.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 6pm Tue: 8am to 6pm Wed: 8am to 6pm Thu: 8am to 6pm

Fri: 8am to 6pm Sat: to Sun: to Holidays: to

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

Name: David MacDonald

Address: 751 Miller Dr. SE

City: Leesburg State: VA Zip Code: 20175

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

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

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

Name: _____ Telephone: _____ Page 1-2010

56998

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER - CORPORATION

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

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

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

FACILITY INFORMATION

Facility Name: Orbit Medical of Phoenix, Inc
Physical Address: 4620 E Elwood St Ste 6, Phoenix, AZ 85040
Mailing Address: 8665 Bash St, Indianapolis, IN 46256
City: Indianapolis State: IN Zip Code: 46256
Telephone Number: 317-813-0205 Fax Number: 317-813-0209

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 11 to 5 Tue: 11 to 5 Wed: 11 to 5 Thu: 11 to 5
Fri: 11 to 5 Sat: closed to Sun: closed to Holidays: closed to

FACILITY ADMINISTRATOR INFORMATION

Name: Patrick McGinley
Address: 8665 Bash St
City: Indianapolis State: IN Zip Code: 46256
Telephone Number: 317-813-4202

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

☐ Medical Gases ☒ Assistive Equipment ☐ Respiratory Equipment
☐ Parenteral and Enteral Equipment ☐ Life-sustaining equipment

If providing life-sustaining equipment, provide a 24-hour contact number: ()

Board Use Only

Received JUN 16 2011 Check Number 334 Amount 500.00

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG **WHOLESALE** CORPORATION

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

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

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

FACILITY INFORMATION

Facility Name: Smiths Medical ASD, Inc.

Physical Address: 6250 Shier Rings Road, Dublin, OH 43016-1270
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 614-889-2220 Fax Number: 614-793-2106

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: John McNamee

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 | Other: <u>Prescription Medical Devices</u> |

Board Use Only

Received

MAY 23 2011

Check Number

165

Amount

500.00

57937

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

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

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

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

FACILITY INFORMATION

Facility Name: Smiths Medical ASD, Inc.

Physical Address: 5700 West 23rd Avenue, Gary, IN 46406
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 219-989-9150 Fax Number: 219-844-9031

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Jackie Gerner

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 | Other: <u>Prescription Medical Devices</u> |

Board Use Only MAY 23 2011

Received _____ Check Number 161 Amount 500.00

56938

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

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

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

New MDEG X Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Smiths Medical ASD, Inc.

Physical Address: 3350 Granada Avenue North, Suite 100, Oakdale, MN 55128

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

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 651-628-7360 Fax Number: 651-628-7547

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8am to 5pm Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Phil Fumo

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 | Other: <u>Prescription Medical Devices</u> |

Board Use Only

Received MAY 23 2011 Check Number 162 Amount 500.00

56940

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

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

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

New MDEG X Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Smiths Medical ASD, Inc.

Physical Address: 9124 Polk Lane, Suite 101, Olive Branch, MS 38654

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

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 662-895-8000 Fax Number: 662-895-8822

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8am to 5pm Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Mike Collins

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: Prescription Medical Devices

Board Use Only

Received MAY 9 3 2011 Check Number 164 Amount 500.00

56939

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG **WHOLESALE** CORPORATION

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

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

New MDEG X Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Smiths Medical ASD, Inc.

Physical Address: 160 Weymouth Street, Rockland, MA 02370
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 781-763-9300 Fax Number: 781-792-0909

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Ricco Feudo

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 | Other: <u>Prescription Medical Devices</u> |

Board Use Only

Received MAY 23 2011 Check Number 778 Amount 500.00

56941

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

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

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

New MDEG X Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Smiths Medical ASD, Inc.

Physical Address: 1265 Grey Fox Road, St. Paul, MN 55112
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 651-633-2556 Fax Number: 651-628-7459

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Jeremy Wardour

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 | Other: <u>Prescription Medical Devices</u> |

Board Use Only

Received Check Number 169 Amount 500.00

56939

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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

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

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

FACILITY INFORMATION

Facility Name: Tandem Diabetes Care, inc.

Physical Address: 11045 Roselle St. Suite 200
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 11045 Roselle St. Suite 200

City: San Diego State: CA Zip Code: 92121

Telephone Number: 858-366-6961 Fax Number: 858-362-7070

E-mail: jgross@tandemdiabetes.com Website: tandemdiabetes.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8am to 5pm Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

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

Name: Jonathan Gross

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☒ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

☐ Other: _____

** If providing these types of services 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: _____ Page 1-2010

57038

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

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

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

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

FACILITY INFORMATION

Facility Name: Total Health Diabetes LLC
Physical Address: 2500 Maitland Center Pkwy Ste 311 Maitland, FL 32751
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 2500 MAITLAND Center Parkway Ste 311
City: Maitland State: FL Zip Code: 32751
Telephone Number: 407 767 5907 Fax Number: 800 983-7025
E-mail: Cdooley@totalhealthdiabetes.com Website: www.totalhealthdiabetes.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ to 5³⁰ Tue: 8³⁰ to 5³⁰ Wed: 8³⁰ to 5³⁰ Thu: 8³⁰ to 5³⁰
Fri: 8³⁰ to 5³⁰ Sat: / to / Sun: / to / Holidays: / to /

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

Name: Carol Ann Dooley

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

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

Name: _____ Telephone: _____

56966

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: UltraVoice, Ltd
Physical Address: 90 Newtown Street Rd.; Newtown Sq. PA 19073
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 90 Newtown Street Rd.
City: Newtown Square State: PA Zip Code: 19073
Telephone Number: 610 356 6443 Fax Number: 610 356 4481
E-mail: DavidBaraff@msn.com Website: www.UltraVoice.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: David Baraff

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

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

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

** If providing these types of services 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: Lisa Waldin Telephone: 800 985 3000

Page 1-2010

57197

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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

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

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

FACILITY INFORMATION

Facility Name: Wound Management of Oklahoma

Physical Address: 3908 N Tulsa Av Oklahoma City, OK 73112
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3908 N. Tulsa Ave

City: Oklahoma City State: OK Zip Code: 73112

Telephone Number: (405) 745-7878 Fax Number: (405) 809-1478

E-mail: Kristen@providermedsupply.com Website: N/A

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: on-call 24/7 Sun: on-call 24/7 Holidays: on-call 24/7

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

Name: Kristen Murdock

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: Surgical wound dressings

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

Name: N/A Telephone: N/A

57061

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: Drug Depot Inc. (dba APS Pharmacy)

Physical Address: 34911 US Hwy 19 N Suite 600

Mailing Address: _____

City: Palm Harbor State: FL Zip Code: 34684

Telephone Number: 727-547-2654 Fax Number: 727-541-6444

Toll Free Number: 888-547-2654

E-mail: cletis@apsmeds.com Website: www.apsmeds.com

Managing Pharmacist: Cletis Kou Kou lakis License Number: PS36693

Hours of Operation:

Monday thru Friday 8:00 am 6:00 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: JUN 28 2011 Check Number: 5037 Amount: 500.00

57265

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: Pharmacy Services Inc. dba Arkansas Valley AccuMed

Physical Address: 228 Main Street

Mailing Address: 228 Main Street

City: Ordway State: CO Zip Code: 81063

Telephone Number: (719) 267-3544 Fax Number: (719) 267-4443

Toll Free Number: 800-889-3544

E-mail: avaccumed@yahoo.com Website: _____

Managing Pharmacist: Jerry W. Davis, R.Ph. License Number: 10634

Hours of Operation:

Monday thru Friday 8:00 am 5:00 pm Saturday 8:00 am 5:00 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: MAY 24 2011 Check Number: 3088 Amount: 500.00

56965

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: CareKinesis, Inc
Physical Address: 704 E. Main St, STE K
Mailing Address: 704 E Main St, STE 1K
City: Moorestown State: NJ Zip Code: 08057
Telephone Number: 888-974-2763 Fax Number: 856-234-7957
Toll Free Number: 888-974-2763
E-mail: info@carekinesis.com Website: www.carekinesis.com
Managing Pharmacist: Orsula V Knowlton License Number: 28RI0229720c

Hours of Operation:

Monday thru Friday 8:30 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: JUN 06 2011 Check Number: 138 Amount: 500.00

57008

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

GENERAL INFORMATION

Pharmacy Name: Edwin's Prescription Pharmacy
Physical Address: 12500 Burbank Blvd, Valley Village CA 916
Mailing Address: 2657 Saturn St. Brea CA 92821
City: Brea State: CA Zip Code: 92821
Telephone Number: 818-761-6131 Fax Number: 818-761-8638
Toll Free Number: _____
E-mail: stephene.samuel@yahoo.com Website: _____
Managing Pharmacist: Philip Louis Berger License Number: RPH 46908

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday N/A am _____ pm
Sunday N/A am _____ pm 24 Hours N/A

TYPE OF PHARMACY

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

SERVICES PROVIDED

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

Board Use Only

Received: JUN 23 2011 Check Number: 896 Amount: 500-

57249

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: Pet Meds and Beyond
Physical Address: 2501 W 80th St. #7 Hialeah, FL 33016
Mailing Address: 2501 W 80th St. #7 Hialeah, FL 33016
City: Hialeah State: FL Zip Code: 33016
Telephone Number: 786 228 8537 Fax Number: 866 287 8403
Toll Free Number: 866 285 7614
E-mail: petmedsandbeyond@yahoo.com Website: www.petmedsandbeyond.com
Managing Pharmacist: Edith D. Mahiques License Number: PS38323

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 10 am 2 pm
Sunday Closed am Closed pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: JUN 28 2011 Check Number: 1043 Amount: 500.00

57264

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

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

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

New Pharmacy _____ Ownership Change X Name Change X Location Change _____
(Please provide current license number if making changes: PH 0981)

GENERAL INFORMATION

Pharmacy Name: Restore Health Pharmacy, LLC
Physical Address: 1289 Deming Way
Mailing Address: 1289 Deming Way
City: Madison State: WI Zip Code: 53717
Telephone Number: 608.833.7046 Fax Number: 608.833.7412
Toll Free Number: 800.558.7046
E-mail: mwanderer@restorehc.com Website: www.restorehc.com
Managing Pharmacist: Judy Rapp License Number: 9593.040

Hours of Operation:

Monday thru Friday 8³⁰ am 5³⁰ pm Saturday closed ^{on-call only} am pm
Sunday closed am pm 24 Hours N/A

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: JUN 16 2011 Check Number: 70067 Amount: 500.00

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Pharmacy Name: STOKES Pharmacy

Physical Address: 18000 Horizon Way Suite 700

Mailing Address: same

City: MOUNT Laurel State: NJ Zip Code: 08054

Telephone Number: 856-505-5222 Fax Number: 856-505-5899

Toll Free Number: 800-754-5222

E-mail: emcvey@StokesPharmacy.com Website: STOKES Pharmacy.com

Managing Pharmacist: EMMETT McVey License Number: 28 R102139400

Hours of Operation:

Monday thru Friday 9 am 7 pm EST

Saturday 9 am 1 pm

Sunday Closed am _____ pm

24 Hours NO EST

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: JUN 28 2011 Check Number: 605 Amount: 500.00

57262

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 MEDICAL PHARMACY

Physical Address: 630 MAIN STREET

Mailing Address: 630 MAIN STREET

City: BRAWLEY State: CA Zip Code: 92227

Telephone Number: (760) 344-6303 Fax Number: (760) 344-6321

Toll Free Number: 1-800-322-0808

E-mail: VALLEYRX@AOL.COM Website: www.drugsdepot.com

Managing Pharmacist: DR. DINESH VITHALANI, License Number: RPH37714
M. PHARM, DBA

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday _____ am _____ pm
Sunday _____ 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 checked="" 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: JUN 02 2011 Check Number: 1075 Amount: 500.00

VIPPS

56984

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: City Drugs
Physical Address: 5775 S. Rainbow #101 Las Vegas, NV 89107
Mailing Address: 900 Las Vegas Blvd S #1209
City: Las Vegas State: NV Zip Code: 89101
Telephone Number: 702-227-7249 Fax Number: 702-227-3050
Toll Free Number: _____
E-mail: citydrugs@centurylink.net Website: _____
Managing Pharmacist: Tanasorn Fowler License Number: 105168

Hours of Operation:

Monday thru Friday 9 am 6 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: JUN 28 2011 Check Number: 00 Amount: 500.00

57263

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

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

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

New Pharmacy _____ Ownership Change ☒ Name Change _____ Location Change ☒
(Please provide current license number if making changes: PH02253)

GENERAL INFORMATION

Pharmacy Name: CNS Scripts LLC
Physical Address: 3370 Pinks Place, Ste. F, Las Vegas, NV 89102
Mailing Address: 3370 Pinks Place, Ste. F.
City: Las Vegas State: NV Zip Code: 89102
Telephone Number: 702-731-4800 Fax Number: 702-731-4807
Toll Free Number: _____
E-mail: INFO@CNSSCRIPS.COM Website: N/A
Managing Pharmacist: NELLIE LAO GAW License Number: 15487

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday _____ am _____ pm
Sunday _____ 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 checked="" type="checkbox"/> Long Term Care |

Board Use Only

Received: JUN 02 2011 Check Number: 987 Amount: 500.00

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: Lovelock Pharmacy, Suite 103
Physical Address: 850 Sixth Street, Lovelock NV 89419
Mailing Address: 5424 Oakwood Cir, Fallon NV 89406
City: Lovelock State: NV Zip Code: 89419
Telephone Number: 775-273-1700 Fax Number: 775-273-9013
Toll Free Number: N/A
E-mail: grant.moulton@gmail.com Website: N/A
Managing Pharmacist: Grant S. Moulton License Number: 9924

Hours of Operation:

Monday thru Friday 9:30am 5:30pm 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: JUN 28 2011 Check Number: 3005 Amount: 500.00

57261

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: Meds at Home

Physical Address: 6225 Annie Oakley Dr., Suite 300, Las Vegas, NV 89120

Mailing Address: 6225 Annie Oakley Drive, Suite 300

City: Las Vegas State: NV Zip Code: 89120

Telephone Number: In process with vendor Fax Number: NONE

Toll Free Number: In process with vendor

E-mail: information@mymailpharmacy.com

Website: NONE*

Managing Pharmacist: Thomas Leo Beranek License Number: 10227

Hours of Operation:

Monday thru Friday _____am _____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: JUN 23 2011 Check Number: 502 Amount: 500-

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: Althea Technologies Inc.

Physical Address: 11040 Roselle Street

Mailing Address: 11040 Roselle Street

City: San Diego State: California Zip Code: 92121

Telephone Number: 858 882 0123 Fax Number: 858 882 0133

Toll Free Number: _____

E-mail: bkachioff@altheatech.com Website: www.altheatech.com

Facility Manager: Christopher Manahan

Professional qualifications and experience of facility manager: _____

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: JUN 22 2011 Check Number: 583 Amount: 500-

57187

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: Alvogen, Inc.

Physical Address: Nine Campus Drive, Parsippany, NJ 07054

Mailing Address: Nine Campus Drive

City: Parsippany State: NJ Zip Code: 07054

Telephone Number: 973-796-3400 Fax Number: 973-796-3439

Toll Free Number: N/A

E-mail: jasmine.shah@alvogen.com Website: www.alvogen.com

Facility Manager: Jasmine Shah

Professional qualifications and experience of facility manager: BS Pharmacy; MS Industrial Pharmacy

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 24 2011 Check Number: 343 Amount: 500.00

56970

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: Arrow International, Inc.

Physical Address: 2 Berry Drive, Lumberton, NJ 08048

Mailing Address: PO Box 12600, Attn: Sherri Schultheiss,

City: RTP State: NC Zip Code: 08048

Telephone Number: 919-361-4150 Fax Number: 919-361-3923

Toll Free Number: _____

E-mail: sherri.schultheiss@teleflex.com Website: http://www.arrowintl.com

Facility Manager: Patrick Jannuzzi

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

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: JUN 05 2011 Check Number: 20005 Amount: 500.00

57007

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: Camber Pharmaceuticals Inc
Physical Address: 1031 Centennial Ave
Mailing Address: same as above
City: Piscataway State: NJ Zip Code: 08854
Telephone Number: 732-377-2029 Fax Number: 732-377-2067
Toll Free Number: _____
E-mail: mbecker@camberpharma.com Website: www.camberpharma.com
Facility Manager: Kon Ostafciuk
Professional qualifications and experience of facility manager:
23 years in the Pharmaceutical industry

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: NOV 18 2010 Check Number: 925 Amount: 500.00

55412
2009

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

GENERAL INFORMATION

Facility Name: Cantrell Drug Company

Physical Address: 7321 Cantrell Rd.

Mailing Address: same

City: Little Rock State: AR Zip Code: 72207

Telephone Number: 501-663-3642 Fax Number: 501-907-5975

Toll Free Number: 877-666-5222

E-mail: teasterly@cantrelldrug.com Website: www.cantrelldrug.com

Facility Manager: James L. McCarley, Jr., P.D.

Professional qualifications and experience of facility manager: BS Pharmacy

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. (i.e. Registered with FDA as "Outsourcing Human Drug Compounding")

Board Use Only

Received: 6/13/11 Check Number: 418 Amount: 500

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

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

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

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

GENERAL INFORMATION

Facility Name: Dendreon Distrubtion, LLC dba Dendreon
Physical Address: 1700 Saturn Way, Seal Beach, CA 90740
Mailing Address: 3005 First Ave.
City: Seattle State: WA Zip Code: 98121
Telephone Number: 206-256-4545 Fax Number: 206-299-9881
Toll Free Number: n/a
E-mail: sschaeffer@dendreon.com Website: www.dendreon.com
Facility Manager: Richard Murawski
Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

Board Use Only

Received: JUN 23 2011 Check Number: 176 Amount: 500 -

10-K

57253

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: E.R. Squibb & Sons, LLC

Physical Address: 777 Scudders Mill Rd., Plainsboro, NJ 08536

Mailing Address: 6400 William Keck Bypass, Bldg. 210

City: Mt. Vernon State: IN Zip Code: 47620

Telephone Number: 609-897-5300 Fax Number: 609-897-6958

Toll Free Number: N/A

E-mail: usdc@bms.com Website: www.bms.com

Facility Manager: Diane Redler

Professional qualifications and experience of facility manager: Facility manager holds a B.S. in Marketing and has over 23 years managerial experience with the company.

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: JUN 07 2011 Check Number: 968 Amount: 500.00

57041

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: J. T. Posey Company
Physical Address: 5635 Peck Road
Mailing Address: same as above
City: Arcadia State: CA Zip Code: 91006
Telephone Number: (626) 443-3143 Fax Number: (626) 443-5012
Toll Free Number: (800) 447-6739
E-mail: regulatoryaffairs@posey.com Website: www.posey.com
Facility Manager: Roger Roberts VP, Operations

Professional qualifications and experience of facility manager: Over 20 years of experience in managing medical device manufacturing processes.

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: JUN 09 2011 Check Number: 426 Amount: 500.

57069

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: Fisher Clinical Services Inc.

Physical Address: 700A Nestleway Breinigsville PA 18031

Mailing Address: 7554 Schantz Road

City: Allentown State: PA Zip Code: 18106

Telephone Number: 610-871-8300 Fax Number: 610-871-9318

Toll Free Number: 888-252-8579 X 8377

E-mail: vicky.whitehouse@thermofisher.com Website: www.fisherclinicalservices.com

Facility Manager: Barry W. Hunsicker

Professional qualifications and experience of facility manager: Manages Distribution Project Managers and has experience in distribution, inventory, SOPs, and maintaining relations in support of 400+ clients since September 1997 with Fisher.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: JUN 07 2011 Check Number: 143 Amount: 500.00

57040

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: LifeScience Logistics
Physical Address: 1105 E Northfield Drive
Mailing Address: 1105 E Northfield Drive
City: Brownsburg State: IN Zip Code: 46112
Telephone Number: 317-456-0254 Fax Number: 317-852-1821
Toll Free Number: NA
E-mail: kdevoto@lslog.com Website: www.lslog.com
Facility Manager: Raquel Devoto
Professional qualifications and experience of facility manager: See 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 ☐ 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: JUN 23 2011 Check Number: 317 Amount: 500-

JAWD

57252

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: Patterson Logistics Services, Inc.

Physical Address: 7055 Cleveland Road, South Bend, IN 46628

Mailing Address: c/o Patterson Companies, Inc, Attn: Theresa Franz-Scurr, Compliance Coordinator, 1031 Mendota Heights Road

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

Telephone Number: (574) 472-5800 Fax Number: (574) 472-5801

Toll Free Number: N/A

E-mail: jeff.lea@pattersoncompanies.com Website: www.pattersoncompanies.com

Facility Manager: Jeff Lea, Distribution Center Manager

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

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: Prescription drugs (Human & Veterinary), Over the Counter Drugs (Human & Veterinary), Medical Devices (Rx & OTC), List I Chemicals

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

Board Use Only

Received: JUN 06 2011 Check Number: 371 Amount: 500.00

VAWD

57031

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: Tagi Pharma, Inc.

Physical Address: 722 Progressive Lane, Room 205

Mailing Address: -same-

City: South Beloit State: IL Zip Code: 61080

Telephone Number: (815) 624-7685 Fax Number: (815) 624-7687

Toll Free Number: (800) 397-9228 x301

E-mail: marketing@tagipharma.com Website: www.tagipharma.com

Facility Manager: Robert A. Koopman

Professional qualifications and experience of facility manager: 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: JUN 20 2011 Check Number: 1064 Amount: 500.00

57102

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: VersaPharm Incorporated
Physical Address: 1775 W. Oak Parkway, Suite 800
Mailing Address: Same
City: Maricopa State: GA Zip Code: 30062
Telephone Number: 770-499-8100 Fax Number: 770-499-0058
Toll Free Number: _____
E-mail: info@versaPharm.com Website: www.versaPharm.com
Facility Manager: Carl Mericleth
Professional qualifications and experience of facility manager: _____

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: JUN 23 2011 Check Number: 684 Amount: 500 -

57251

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**YVONNE JETT, PT
Certificate of Registration No.: PT09615**

Case No. 11-044-PTT-S

**WALGREENS #04855
Certificate of Registration No.: PH01307**

Case No. 11-044-PH-S

**WALGREENS CO.
An Illinois Corporation**

Case No. 11-044-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 Yvonne Jett is a registered pharmaceutical technician with the Board, Walgreens #04855 is a registered pharmacy with the Board and Walgreens Co. is the corporate owner of Walgreens #04855.

II.

On or about April 11, 2011, Ray Seidlinger, the Board's inspector, inspected Walgreens #04855 and during the inspection it was learned that Yvonne Jett had not renewed her pharmaceutical technician registration. Mr. Seidlinger verified this with Board staff and it was determined that Ms. Jett had not completed her renewal application appropriately and it was returned to her for correction. Ms. Jett did not return the renewal application and her registration was not renewed.

III.

Mr. Seidlinger requested Walgreens staff to provide him with the hours that Ms. Jett worked from November 1, 2010 to April 14, 2011, the date the Board received Ms. Jett's renewal application. Stanley Wong, the managing pharmacist for Walgreens #04855, reported to Board staff that Ms. Jett worked for 108 days without a valid registration.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician registration for 108 days, Ms. Jett violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

V.

By employing Ms. Jett and allowing Ms. Jett to work for 108 days without being registered with the Board, Walgreens #04855 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

THIRD CAUSE OF ACTION

VI.

At the Board's regularly scheduled meeting on October 24, 2007 in Las Vegas, Nevada, the Board heard a consolidation of three cases regarding pharmaceutical technicians that worked unregistered in two Walgreens pharmacies. On November 20th, 2007, the Board filed Findings of Fact, Conclusions of Law and Order for Walgreens #03844 (Case No. 07-063-PH-S), and two for Walgreens #05646 (Case No. 07-062-PH-S and Case No. 07-064-PH-S) penalizing them for allowing pharmaceutical technicians to work without being registered.

VII.

At the Board's regularly scheduled meeting on July 14, 2010 in Las Vegas, Nevada, the Board heard one case regarding a pharmaceutical technician that worked


unregistered. On August 9, 2010, the Board filed Findings of Fact, Conclusions of Law and Order for Walgreens #12646 (Case No. 10-007-PH-S) penalizing them for allowing a pharmaceutical technician to work without being registered.

VIII.

In being repeatedly negligent as the common owner of Walgreens #04855, in which repeated disciplinary actions occurred for the same violations in the above referenced Case Numbers in averment VI and VII, Walgreens Co. violated NRS 639.210(4) and (16) and/or NAC 639.945(1)(k) and/or (2)

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

Signed this 28th day of April, 2011.



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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

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

**YVONNE JETT, PT
Certificate of Registration No.: PT09615
Respondent.**

Case No. 11-044-PTT-S

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

I.

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

II

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

The Board has reserved Wednesday, July 13, 2011 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 28th day of April, 2011.


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**

**YVONNE JETT, PT
Certificate of Registration No.: PT09615
Respondent.**

Case No. 11-044-PTT-S

_____/

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

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

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

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

DATED this _____ day of _____, 2011.

Yvonne Jett, PT

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**WALGREENS #04855
Certificate of Registration No. PH01307
Respondent.**

Case No. 11-044-PH-S

_____ /

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

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

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

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

DATED this _____ day of _____, 2011.

Please type or print name for

Walgreens #04855

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**WALGREENS CO.
An Illinois Corporation**

Case No. 11-044-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 _____, 2011.

Please type or print name for

Walgreens Co.

III.

Mr. Eckels began taking his medication that evening. On February 22, 2010 a home health care nurse was attending to Mr. Eckels and commented that the metoprolol 125 mg. tablets taken twice daily seemed like a high dosage and she suggested that Mr. Eckels discuss the dosage with his cardiologist. Mr. Eckels saw his cardiologist on February 25, 2010 and he, also, thought that was an unusually high dosage and reduced the dose to 50 mg. per day to be taken twice daily – 25 mg. in the morning and 25 mg. at night. Mr. and Mrs. Eckels returned to Walgreens #4137 and asked to see the original prescription their son had filled on February 14th, 2010. Mrs. Eckels asked various pharmacy staff to read the metoprolol dosage and each of them read it as 12.5 mg. and was surprised that the original prescription was filled to take 125 mg. Mr. Eckels had been taking 10 times the amount of metoprolol than prescribed.

IV.

During the investigation of this matter it was learned that Jennifer Chan was the pharmacist responsible for this error. In a written statement Ms. Chan indicated that she checked the dosage several times during the filling of the prescription and stated that she did not see a decimal point between the 2 and the 5. Ms. Chan apologized to the Eckles' and advised that they were short staffed that evening and that probably contributed to making the error since she input, filled and verified the prescription for metoprolol for Mr. Eckels. Ms. Chan has changed her pharmacy practice since this incident to never solely type the label and fill the prescription as there would not be a second set of eyes to verify that the prescription was filled correctly.

V.

In failing to strictly follow the instructions of Mr. Eckels' physician by filling his prescription with incorrect dosing directions that ultimately caused him to ingest 10 times the amount of metoprolol than was prescribed, Ms. Chan violated Nevada

Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VI.

At its regularly scheduled Board meeting on January 11, 2011 in Las Vegas, Nevada, the Board heard another matter (Case No. 09-102-RPH-S) which involved Jennifer Chan. Ms. Chan did not contest that she dispensed twenty-one methylprednisolone 4 mg. tablets instead of ten dosage units of medroxyprogesterone acetate 10 mg. tablets to a patient that was trying to regulate her menstrual cycle. The patient in this matter claimed to experience dizziness, headaches and an unbalanced feeling. Ms. Chan was Ordered to pay the Board's investigation, attorney's fees and an administrative fee totaling \$1,394.19 in this matter.

VII.

In being repeatedly negligent for having misfilled a prescription in Case No. 09-102-RPH-S that was heard at the January 11, 2011 Board meeting, Ms. Chan violated NRS 639.210(4) and (16) and/or NAC 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which Ms. Chan failed to notice that she filled Mr. Eckels' prescription with the wrong dosage, namely metoprolol 125 mg. rather than the prescribed metoprolol 12.5 mg., Walgreens #04137 violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (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 28th day of April, 2011.


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**

**JENNIFER CHAN, R.Ph.,
Certificate of Registration #14660,**

Case No. 10-032-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.

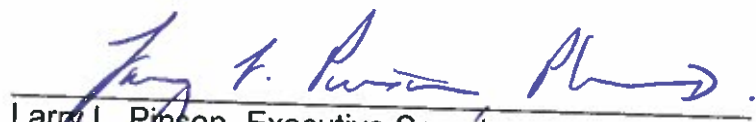
III.

The Board has reserved Wednesday, July 13, 2011 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 28th day of April, 2011.


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

JENNIFER CHAN, RPH.,
Certificate of Registration #14660,

Case No. 10-032-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 _____, 2011.

Jennifer Chan, R.Ph.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WALGREENS #04137,
Certificate of Registration #PH01132,**

**ANSWER AND
NOTICE OF DEFENSE**

Case No. 10-032-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 _____, 2011.

type or print name

for Walgreens #04137

On or about September 21, 2010 Kelcie Markle went to Walgreens #04854 to have two prescriptions filled for her son. One of the prescriptions was for Amoxicillin 400 mg./5 ml. Ms. Markle paid for the two prescriptions and left the pharmacy. When she arrived home she noticed that the Amoxicillin had not been reconstituted as it usually is. Ms. Markle telephoned the pharmacy to find out why the Amoxicillin was still in powder form and was told to return to the pharmacy and they would correct the problem. Ms. Markle declined and asked how much water she would need to reconstitute the powder

herself. Ms. Markle claims that she was told two different amounts and found that she needed to use 51.0 ml. to obtain the correct dosage for her son.

III.

Ms. Markle claimed that she was not counseled when she picked up the two new prescriptions for her son. During the investigation of this matter the counseling log Interaction Status showed counseling was "Accepted" for both of the new prescriptions. Maree Kiledjian, the managing pharmacist for Walgreens #04854, indicated that the pharmacy was busy that day and that a clerk from the front of the store was brought back to the pharmacy to assist at the cash register. Ms. Kiledjian explained that they have a "ring and bring" system in place – meaning that the verifying pharmacist clears the counseling screen so the cashier can tender the sale and then the cashier is supposed to bring the prescription to the counseling window for the pharmacist to counsel the patient. Ms. Kiledjian also explained that she would have reconstituted the Amoxicillin had the cashier brought Ms. Markle to the counseling window.

FIRST CAUSE OF ACTION

IV.

In failing to counsel Ms. Markle regarding her son's new Amoxicillin prescription because an untrained cashier sold the prescription before advising the pharmacist that counseling was necessary, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.707 and/or 639.945(1)(i).

SECOND CAUSE OF ACTION

V.

In failing to maintain accurate counseling records, specifically Ms. Markle's sons Amoxicillin prescription that showed it was counseled when it was dispensed when it was not, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.708(1)(a) and/or (b) and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the violations occurred, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 28th day of April, 2011.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

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

**WALGREENS #04854,
Certificate of Registration #PH01293,
Respondent.**

Case No. 10-073-PH-S

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

I.

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

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. 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 13, 2011 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 28th day of April, 2011.


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

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

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

DATED this _____ day of _____, 2011.

Please Print Name for

Walgreens #04854

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**JOSEPH OVERMIRE, RPH,
Certificate of Registration No. 16878,**

Case No. 11-055-RPH-S

Respondent.

_____/

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

I.

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

II.

On May 17, 2011, the Board of Pharmacy received written notice from Heather Gregory, Director of Pharmacy Regulatory Affairs for Wal-Mart, that Joseph Overmire had been terminated from employment on May 9, 2011 for diversion of controlled substances from Wal-Mart #10-5101, located in Pahrump, Nevada.

III.

An investigation into this matter was initiated when Wal-Mart Health and Wellness Asset Protection Support was notified verbally that a pharmacist potentially was diverting SOMA from the pharmacy. Deidre Taylor, the Health and Wellness Market Manager for Wal-Mart #10-5101, was contacted to do an audit of controlled substances for that pharmacy. It was found that there were shortages of Lorazepam, hydrocodone, and Oxycontin.

IV.

Mr. Overmire submitted a written statement admitting to taking 6 tablets of SOMA from his employing pharmacy for his wife who was suffering from muscle spasms in her neck. Mr. Overmire indicated that he is a physician and had prescribed SOMA many times and wanted to see if they would work for his wife before he prescribed them for her. Mr. Overmire also indicated in his written statement that if they worked for his wife, he would have reduced the six tablets he took from the prescribed amount so there would not have been a shortage to Wal-Mart #10-5101. Mr. Overmire denied knowledge of the shortages of any other controlled substances found by Ms. Taylor. It was noted in a Wal-Mart report that the SOMA was retrieved from Mr. Overmire.

FIRST CAUSE OF ACTION

V.

In obtaining controlled substances, namely 6 tablets of SOMA, without a lawful prescription therefore, Mr. Overmire violated Nevada Revised Statutes (NRS) 453.336(1), and/or 639.210(1),(4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

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

Signed this 26th day of May, 2011.



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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

**JOSEPH OVERMIRE, RPH,
Certificate of Registration No. 16878,**

Case No. 11-055-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

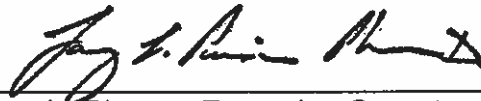
You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of 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 Thursday, July 14, 2011 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 26th day of May, 2011.

A handwritten signature in black ink, appearing to read "Larry L. Pinson", is written over a horizontal line.

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

JOSEPH OVERMIRE, RPH,
Certificate of Registration No. 16878,

Case No. 11-055-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 _____, 2011.

Joseph Overmire, RPh

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**v.
RUDOLPH THOMPSON, PT
Certificate of Registration No. PT10036,**

Case No. 11-054-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 May 2, 2011, Board staff was notified that Mr. Thompson had been terminated from employment as a pharmaceutical technician at Target #T-0826 located at 3210 North Tenaya Way in Las Vegas, Nevada. Target #T-0826 was experiencing losses of controlled substances and Target investigator, Steve Price, was investigating this matter by watching live surveillance of the pharmacy. While watching he observed Mr. Thompson pull an unknown bottle of medication and take it to the back of the pharmacy. He then observed Mr. Thompson remove a prescription-type bottle from his personal lunch box and fill the bottle with the prescription medicine that he had pulled from the pharmacy shelf. Once he filled the bottle he placed it back into his lunch box and placed the remaining medication back on the shelf.

III.

Mr. Price stopped Mr. Thompson as he was leaving the store for lunch without attempting to pay for the medication that was concealed in his lunch box. Mr. Price

escorted Mr. Thompson to a private office and interviewed him. Mr. Price asked Mr. Thompson to remove the unpaid for contents of his lunch box. Mr. Thompson produced six Viagra tablets in a small bag and 240 ml. of promethazine with codeine cough syrup. In Mr. Thompson's written statement, he admitted to taking two Viagra tablets about four months previous to the ones found in his lunch box and that he sold them for \$20.00 each. Mr. Thompson also indicated in his written statement that he was taking the cough syrup home for his wife who was sick and did not have insurance. Mr. Thompson stated that he was unaware of other controlled substance losses in the pharmacy.

FIRST CAUSE OF ACTION

IV.

By stealing controlled substances from his employing pharmacy, namely 240 ml. of promethazine with codeine cough syrup and Viagra, Mr. Thompson violated (NRS) 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 _____ day of May, 2011.

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**

**RUDOLPH THOMPSON, PT
Certificate of Registration No. PT10036,
Respondent.**

Case No. 11-054-PT-S

_____/

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

I.

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

II.

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

III.

The Board has reserved Thursday, July 14, 2011 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 _____ day of May, 2011.

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

RUDOLPH THOMPSON, PT
Certificate of Registration No. PT10036,
Respondent.

Case No. 11-054-PT-S

_____/

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

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

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

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

DATED this _____ day of _____, 2011.

Rudolph Thompson, PT

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**CHRISTOPHER J. WINTCH, PT
Certificate of Registration No. PT05763,**

Case No. 11-005-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 Wintch is a registered pharmaceutical technician with the Board.

II.

On or about January 19, 2011, Board staff received a copy of a DEA Report of Theft or Loss of Controlled Substances from Sav-On #6016. The report claimed losses of 277 hydrocodone/APAP 5/500 tablets, 67,569 hydrocodone/APAP 10/500 tablets, 170 hydrocodone/APAP 10/325 tablets, 5,868 ml. promethazine/codeine syrup, 754 alprazolam 2 mg. tablets, 351 temazepam 15 mg. capsules, and 182 zolpidem tartrate 10 mg. tablets with a total value of \$7,006.00.

III.

Ray Seidlinger, Board inspector, contacted Kam Gandhi, pharmacy district manager for Sav-On #6016, and requested various reports regarding the losses of controlled substances in that store. From the documentation obtained, including text messages between Mr. Wintch and managing pharmacist Stuart Koszer, Mr. Wintch

admitted to taking quantities of controlled substances from the pharmacy without authorization to help support his family. A manual inventory adjustment report for Sav-On #6016 verifies that Mr. Wintch had been making adjustments to the controlled substance inventory for several months.

FIRST CAUSE OF ACTION

IV.

In removing controlled substances, indicated in averment II above, without a prescription therefore, Mr. Wintch 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 28th day of April, 2011.


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**

**CHRISTOPHER J. WINTCH, PT
Certificate of Registration No. PT05763,**

Case No. 11-005-PT-S

Respondent.

_____/

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

I.

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

II.

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


III.

The Board has reserved Wednesday, July 13, 2011 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 28th day of June, 2011.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**CHRISTOPHER J. WINTCH, PT
Certificate of Registration No. PT05763,**

Case No. 11-005-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 _____, 2011.

Christopher J. Wintch, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

NOTICE OF INTENDED ACTION
AND ACCUSATION

v.
TIMEKA MITCHELL, PT
Certificate of Registration No. PT08683,

Case No. 11-051-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 Mitchell is a registered pharmaceutical technician with the Board.

II.

On or about April 15, 2011, Board staff was notified that Ms. Mitchell had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #8794 located at 1600 North Buffalo Drive in Las Vegas, Nevada. It was found that Ms. Mitchell was removing hydrocodone 10/500 and 10/325 from the pharmacy. In Ms. Mitchell's written statement she admitted to stealing approximately 26 bottles of hydrocodone 500 stock bottles from her employing pharmacy. Ms. Mitchell explained that she and her husband were having financial problems and they were able to supplement her income by selling the stock bottles of hydrocodone for \$500.00 each. Ms. Mitchell estimated that she profited by the sale of the stolen drugs approximately \$12,500.00

FIRST CAUSE OF ACTION

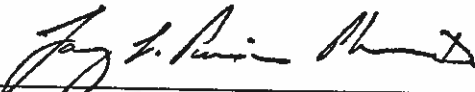
III.

By stealing controlled substances from her employing pharmacy, namely

hydrocodone 10/500 and 10/325, Ms. Mitchell violated (NRS) 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 20th day of May, 2011.



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**

**TIMEKA MITCHELL, PT
Certificate of Registration No. PT08683,
Respondent.**

Case No. 11-051-PT-S

_____/

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

I.

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

II.

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


III.

The Board has reserved Thursday, July 14, 2011 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 20th day of May, 2011.



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

TIMEKA MITCHELL, PT
Certificate of Registration No. PT08683,
Respondent.

Case No. 11-051-PT-S

_____ /

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

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

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

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

DATED this _____ day of _____, 2011.

Timeka Mitchell, PT

Letter of Explanation,

Dear UNH. Pinson,

I, Simoneka Mitchell, Certificate of Registration NO PT-08683 do hereby acknowledge that I was recently terminated from CVS #8794, 1600 North Buffalo Dr. Las Vegas NV for diversion of a controlled substance.

I would like the record to reflect that the financial hardship that I was experiencing at the time due to my husband was laid off. also had late payment on my bills as well. Anyone who truly knows me will attest that this was totally out of my character to engage in such activities. I have truly evaluated the situation for quite sometime and I know that I am accountable for my actions and any disciplinary action that may be forthcoming.

Thank you in advance for time.

Sincerely
Simoneka D. Mitchell

JUN - 6 2011

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

NOTICE OF INTENDED ACTION
AND ACCUSATION

v.

DEANGELA JOHNSON, PT
Certificate of Registration No. PT05272,

Case No. 11-039A-PT-S

VANNESA ROBESON, PT
Certificate of Registration No. PT 07109
Respondents.

Case No. 11-039B-PT-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 Respondents Johnson and Robeson are registered pharmaceutical technicians with the Board.

II.

On or about April 15, 2011, Board staff was notified that Ms. Johnson and Ms. Robeson had been terminated from employment as pharmaceutical technicians at CVS/pharmacy #5144 located at 1425 West Lake Mead Boulevard in Las Vegas, Nevada. It was found that Ms. Johnson and Ms. Robeson were removing hydrocodone 10/500 from the pharmacy. One of them would fill a prescription for hydrocodone 10/500 put the stock bottle in the trash with the remaining tablets. The other would retrieve the stock bottle, remove the tablets and conceal them on their person. Ms. Johnson and Ms. Robeson would take turns with this activity.

III.

In Ms. Johnson's written statement she admitted to stealing between 3,000 and 4,500 tablets of hydrocodone 10/500. Ms. Johnson admitted to consuming some of the

tablets and selling the remainder to four other people for \$1.00 or \$2.00 per tablet. Ms. Johnson estimated that she had profited by approximately \$3,000.00 from selling the hydrocodone she stole from CVS #5144.

IV.

In Ms. Robeson's written statement she admitted to participating in this scheme with Ms. Johnson, however not to the extent Ms. Johnson participated. When Ms. Robeson would participate, she would receive money from Ms. Johnson after she sold the hydrocodone 10/500 tablets. Ms. Robeson estimates that she profited from this practice between \$800.00 and \$900.00.


FIRST CAUSE OF ACTION

V.

By stealing controlled substances from their employing pharmacy, namely hydrocodone 10/500, Ms. Johnson and Ms. Robeson violated (NRS) 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 20th day of May, 2011.



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**

**DEANGELA JOHNSON, PT
Certificate of Registration No. PT05272,
Respondent.**

Case No. 11-039-PT-S

_____/

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

I.

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

II.

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

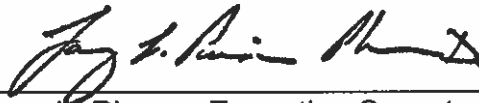
III.

The Board has reserved Thursday, July 14, 2011 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 20th day of May, 2011.

A handwritten signature in black ink, appearing to read "Larry L. Pinson", is written over a horizontal line.

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

DEANGELA JOHNSON, PT
Certificate of Registration No. PT05272,
Respondent.

Case No. 11-039A-PT-S

_____/

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

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

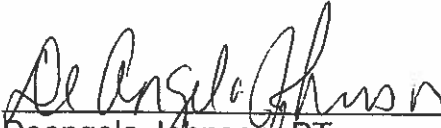
JUN - 3 2011

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

See attach sheet

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 31 day of March, 2011.


Deangela Johnson, PT

May 31, 2011

Letter of Explanation

Dear Mr. Pinson,

I, Deangela Johnson, Certificate of Registration No. PT-05272, do hereby acknowledge that I was recently terminated from CVS/pharmacy #5144, 1425 West Lake Mead Blvd, Las Vegas, NV for diversion of a controlled substances.

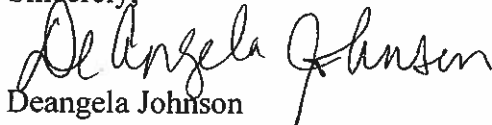
I would like to clarify Item III in the Notice of Intended Action and Accusation Report.

Item III stated that I admitted to taking between 3000 and 4500 tablets of Hydrocodone 10/500. I would like the record to reflect that although tablets were taken, the amount taken was closer to 1000- 2500 tablets and not the amount of stated in the report.

I would also like the records to reflect that the financial hardship that I was experiencing at the time because of a recent surgery as well as other external circumstances clouded my judgment. Anyone that truly knows me will attest that this was totally out of my character to engage in such activities. I have evaluated the situation for quite sometime and I know that I am accountable for my actions and any disciplinary action that may be forthcoming.

Thank you in advance for your time.

Sincerely,


Deangela Johnson

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

NOTICE OF INTENDED ACTION
AND ACCUSATION

v.
DEANGELA JOHNSON, PT
Certificate of Registration No. PT05272,

Case No. 11-039A-PT-S

VANNESA ROBESON, PT
Certificate of Registration No. PT 07109
Respondents.

Case No. 11-039B-PT-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 Respondents Johnson and Robeson are registered pharmaceutical technicians with the Board.

II.

On or about April 15, 2011, Board staff was notified that Ms. Johnson and Ms. Robeson had been terminated from employment as pharmaceutical technicians at CVS/pharmacy #5144 located at 1425 West Lake Mead Boulevard in Las Vegas, Nevada. It was found that Ms. Johnson and Ms. Robeson were removing hydrocodone 10/500 from the pharmacy. One of them would fill a prescription for hydrocodone 10/500 put the stock bottle in the trash with the remaining tablets. The other would retrieve the stock bottle, remove the tablets and conceal them on their person. Ms. Johnson and Ms. Robeson would take turns with this activity.

III.

In Ms. Johnson's written statement she admitted to stealing between 3,000 and 4,500 tablets of hydrocodone 10/500. Ms. Johnson admitted to consuming some of the

tablets and selling the remainder to four other people for \$1.00 or \$2.00 per tablet. Ms. Johnson estimated that she had profited by approximately \$3,000.00 from selling the hydrocodone she stole from CVS #5144.

IV.

In Ms. Robeson's written statement she admitted to participating in this scheme with Ms. Johnson, however not to the extent Ms. Johnson participated. When Ms. Robeson would participate, she would receive money from Ms. Johnson after she sold the hydrocodone 10/500 tablets. Ms. Robeson estimates that she profited from this practice between \$800.00 and \$900.00.


FIRST CAUSE OF ACTION

V.

By stealing controlled substances from their employing pharmacy, namely hydrocodone 10/500, Ms. Johnson and Ms. Robeson violated (NRS) 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 20th day of May, 2011.



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**

**VANNESA ROBESON, PT
Certificate of Registration No. PT 07109
Respondent.**

Case No. 11-039B-PT-S

_____/

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

I.

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

II.

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

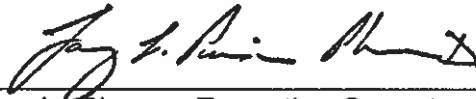
III.

The Board has reserved Thursday, July 14, 2011 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 20th day of May, 2011.

A handwritten signature in black ink, appearing to read "Larry L. Pinson", is written over a horizontal line.

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**

**VANNESA ROBESON, PT
Certificate of Registration No. PT 07109
Respondent.**

Case No. 11-039B-PT-S

_____ /

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

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

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

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

DATED this _____ day of _____, 2011.

Vannesa Robeson, PT

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**EMILY DE WITT, RPH.,
Certificate of Registration #15591,**

Case No. 11-034-RPH-S

**CVS/PHARMACY #8821,
Certificate of Registration #PH01095,**

Case No. 11-034-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 Emily De Witt is a pharmacist licensed by the Board and CVS/pharmacy #8821 (CVS #8821) is a pharmacy licensed by the Board, located at 8320 West Cheyenne Avenue in Las Vegas, Nevada.

II.

On or about March 7, 2011 Connor Shaw was prescribed dexamethasone intensol 2.25 mg with directions to take by mouth twice a day for one month. Connor Shaw is a four year old who was diagnosed with acute lymphoblastic leukemia and had undergone extensive chemotherapy treatments. The next part of his therapy was to begin a regimen of dexamethasone as prescribed.

III.

Connar Shaw began taking the medication as directed on the label. Approximately three weeks after he began this course of therapy, Connar Shaw returned to the clinic because he was sick. At that time it was found that the directions for use were incorrect on the prescription label. The label read, dexamethasone 0.5 mg./5 ml. liq – Take 4.5 ml. by mouth twice daily for one month. The directions should have been to Take 4.5 teaspoonsful by mouth twice daily for one month. Connar Shaw was receiving approximately 80% less dexamethasone than was prescribed for his therapy.

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the directions of Connar Shaw's physician by mislabeling his prescription for dexamethasone with incorrect dosing instructions, Ms. De Witt violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. De Witt mislabeled Connar Shaw's prescription for dexamethasone with incorrect dosing instructions, CVS/pharmacy #8821 violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (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 19th day of May, 2011.


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**

**EMILY DE WITT, R.Ph.,
Certificate of Registration #15591,**

Case No. 11-034-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 13, 2011 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 May, 2011.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**EMILY DE WITT, RPH.,
Certificate of Registration #15591,**

**ANSWER AND
NOTICE OF DEFENSE**

Case No. 11-034-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 _____, 2011.

Emily De Witt, R.Ph.

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

CVS/PHARMACY #8821,
Certificate of Registration #PH01095,

Case No. 11-034-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 _____, 2011.

type or print name

for CVS/pharmacy #8821

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**FRANK ALVARADO, PTT
Certificate of Registration No.: PT11394**

Case No. 11-036-PTT-N

**CVS PHARMACY #8779
Certificate of Registration No.: PH01613**

Case No. 11-036-PH-N

**CVS PHARMACY CORPORATION
A Rhode Island Corporation**

Case No. 11-036-PH-N

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 Frank Alvarado is a registered pharmaceutical technician-in-training with the Board, CVS Pharmacy #8779 (CVS #8779) is a registered pharmacy with the Board and CVS Pharmacy Corporation is the corporate owner of CVS #8779.

II.

On or about January 24, 2011, Mr. Alvarado contacted Board staff to obtain a duplicate copy of his pharmaceutical technician-in-training registration. It was discovered that Mr. Alvarado had not renewed his pharmaceutical technician-in-training registration that was due for renewal by October 31, 2010. Mr. Alvarado indicated that he was working at CVS #8779.

III.

On or about March 23, 2011, Board staff contacted Ed Smith, pharmacy

supervisor for CVS, and requested the hours that Mr. Alvarado worked from November 1, 2010 to January 28, 2011, the date the Board received Mr. Alvarado's renewal application. Mr. Smith reported to Board staff that Mr. Alvarado worked for approximately 521 hours. Assuming Mr. Alvarado worked eight hour shifts, Mr. Alvarado worked unregistered for 65.13 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed his pharmaceutical technician-in training registration for 65.13 days, Mr. Alvarado violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

V.

By employing Mr. Alvarado and allowing Mr. Alvarado to work for 65.13 days without being registered with the Board, CVS #8779 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

THIRD CAUSE OF ACTION

VI.

At the Board's regularly scheduled meeting on June 6, 2007 in Las Vegas, Nevada, the Board heard a consolidation of ten cases regarding pharmaceutical technicians and pharmaceutical technicians-in-training that worked unlicensed in numerous CVS pharmacies. On October 25th, 2007, the Board filed an Amended Findings of Fact, Conclusions of Law and Order for the following CVS pharmacies: CVS #4495 (Case No. 07-035-PH-S), CVS #8782 (Case No. 07-036-PH-S), CVS #8782 (Case No. 07-037-PH-S), CVS #4495 (Case No. 07-038-PH-S), CVS #4495 (Case No. 07-039-PH-S), CVS #8795 (Case No. 07-040-PH-S), CVS #5144 (Case No. 07-042-PH-S), CVS #5068 (Case No. 07-044-PH-S), CVS #8821 (Case No. 07-052-PH-S), and CVS #2990 (Case No. 07-053-PH-S).

VII.

In being repeatedly negligent as the common owner of CVS #8779, in which repeated disciplinary actions occurred for the same violations in the above referenced Case Numbers in averment VI, CVS Pharmacy Corporation violated NRS 639.210(4) and (16) and/or NAC 639.945(1)(k) and/or (2)

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

Signed this 15th day of April, 2011.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

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

**FRANK ALVARADO, PTT
Certificate of Registration No.: PT11394
Respondent.**

Case No. 11-036-PTT-N

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, June 1, 2011 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 15th day of April, 2011.



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**

**FRANK ALVARADO, PTT
Certificate of Registration No.: PT11394
Respondent.**

Case No. 11-036-PTT-N

_____/

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 _____, 2011.

Frank Alvarado, PTT

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**CVS PHARMACY #8779
Certificate of Registration No. PH01613
Respondent.**

Case No. 11-036-PH-N

_____/

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 _____, 2011.

Please type or print name for

CVS PHARMACY #8779

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**CVS PHARMACY CORPORATION
A Rhode Island Corporation**

Case No. 11-036-PH-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").

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 _____, 2011.

Please type or print name for

CVS PHARMACY Corporation



My NAME IS SCOTT THOMAS JAMES, I
Would Like to Request to Be put on the July
Schedule of the Board of Pharmacy Meeting in Las Vegas
to see if I can get my license back to practice pharmacy
I have paid my fine and have been attending PRN PRN
now for approximately 3 years

Sincerely

SCOTT THOMAS JAMES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 06-048-RPH-S

v.

**SCOTT T. JAMES, R.Ph.,
Certificate of Registration No. 14535,**

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

Respondent.

_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 25, 2006, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Though Mr. James was lawfully notified of the date and time of the hearing of this matter, Mr. James did not appear at the hearing. Based on the presentations 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. At hearing, Board Staff presented evidence that Mr. James had personally received the Notice of Intended Action and Accusation in this matter and that he was aware of the date and time of the hearing. Nonetheless, Mr. James did not appear at the hearing of this matter. Board Staff presented no witnesses, but did read a written statement provided by Mr. James to the Board's investigator that was made part of the Board's investigative file in the matter. Based upon the presentation of Board Staff, the Board finds the following to be the facts of this matter.

2. Mr. James was employed at Huntridge Drug from January 5, 2005 until May 22, 2006. During that period, Huntridge Drug changed ownership several times. Throughout the changing of ownership by which Huntridge Drug became Complete

Care Pharmacy and then reverted to Huntridge Drug, Mr. James remained the managing pharmacist of the pharmacy.

3. On May 22, 2006, the owners of Huntridge Drug, Mark and Michelle Peterson, did a performance evaluation of Mr. James. Mr. James' employment was terminated because he had left the pharmacy unattended and unsecured during business hours.

4. Prior to Mr. James' termination of employment, Mr. Peterson had viewed the pharmacy's security videotapes. Mr. Peterson observed that in addition to the absence of Mr. James from the pharmacy, Mr. James was also observed in an upstairs office with his brother smoking methamphetamine.

5. In a written statement provided to Fred Ackermann, Board Investigator, Mr. James admitted to smoking methamphetamine with his brother while on duty as the managing pharmacist and while leaving the pharmacy unattended for approximately 45 minutes.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over Mr. James because he is a pharmacist licensed by the Board.

2. In leaving the secured area of Huntridge Pharmacy unattended when it was open to the public for approximately 45 minutes while serving as the managing pharmacist of the pharmacy, Mr. James violated NRS 639.210(4) and NAC 639.520(2)(b) and 639.945(1)(i).

3. In smoking illicit methamphetamine with his brother while on duty as a managing pharmacist at Huntridge Drugs, Mr. James violated NRS 453.336(1), 453.411(1), 639.210(1), (2), (3), and (4) and 639.283 and NAC 639.945(1)(i).

ORDER

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

1. Mr. James's pharmacist's license (#14535) is revoked effective October 25, 2006. Mr. James may not be employed in any business or facility licensed by this Board in any capacity unless and until his license as a pharmacist has been reinstated.

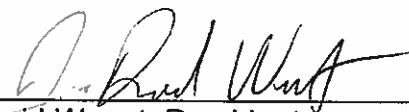
2. Mr. James may not apply for reinstatement of his license until he provides evidence of the following to the Board's office:

(a) Payment to the Board's Reno office of a fine of \$2,000.00 by certified or cashier's check or money order made payable to "State of Nevada, Office of Treasurer";

(b) Payment to the Board's Reno office of costs of investigation and prosecution of this matter of \$450.00 plus the Board's administrative fee of \$295.00, for a total of \$745.00 by certified or cashier's check or money order made payable to "Nevada State Board of Pharmacy";

(c) Proof that he has entered into a substance abuse treatment agreement with PRN-PRN, that he has been successfully participating in his program, and that he has the recommendation of PRN-PRN that he be allowed to apply for reinstatement in order to recommence the practice of pharmacy.

Signed and effective this 21 day of November, 2006.



David Wuest, President
Nevada State Board of Pharmacy

Date: May 7, 2011

To whom it may concern at the Nevada State Board of Pharmacy,

I, Christopher Joseph Peters, wish to reapply for my license on July 14th, 2011. I greatly appreciate the opportunity that the board is giving me to try to get my license back in good standing. Thank you for hearing my case and if there is anything else that I need to provide, please let me know.

Thank You,

A handwritten signature in black ink, appearing to read 'C. Peters', with a stylized, flowing script.

Christopher Peters

NV License #16325

MAY 11 2011

2. Wal-Mart Asset Protection had conducted an investigation into whether Mr. Peters was creating and filling fraudulent prescriptions. Mr. Peters was interviewed and submitted a written statement admitting to taking approximately 100 tablets of Norco and approximately 40 Xanax tablets from his employing pharmacy for his personal use. Mr. Peters admitted to creating and filling approximately 20 to 30 prescriptions under different doctor's names without authority to do so and using four different person's names for Norco, Xanax, Suboxone, Valium and Subutex. Mr. Peters testified that he had been bitten by a brown recluse spider and prescribed Norco which rekindled his addiction to controlled substances. Mr. Peters testified that he was trying

to address his addiction and that is why he prescribed and took the Suboxone and Subutex.

3. Mr. Larry Espadero from PRN-PRN appeared and testify that Mr. Peters rejoined PRN-PRN in February of 2010. Mr. Espadero recommended that Mr. Peters not work in a pharmacy for at least one year while he addresses his addiction issues.

4. Mr. Peters testified that he has not worked in a pharmacy since he was terminated from Wal-Mart. Mr. Peters stated that he realizes that he has a dependency problem and he had become complacent over time. He now knows he needs help and is seeing a counselor and sponsor to address his dependency issues.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Peters is registered pharmacist with the Board.

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

ORDER

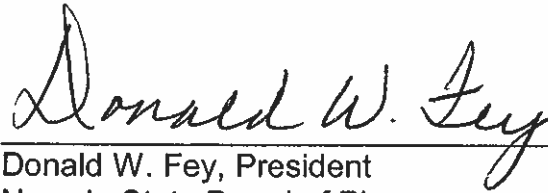
Based upon the foregoing, the Board imposes the following discipline:

1. Mr. Peter's registration (16325) is revoked. Mr. Peter's may not be employed in any business registered by the Board in any capacity.

2. Mr. Peter's 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. Mr. Peter's shall continue with PRN-PRN and all terms and conditions of the program.

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

A handwritten signature in cursive script that reads "Donald W. Fey". The signature is written in black ink and is positioned above a horizontal line.

Donald W. Fey, President
Nevada State Board of Pharmacy

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: Nicholas Middle: Dakota Last: Covington
Home Address: 2332 French Alps Apt #: _____
City: Las Vegas State: NV Zip Code: 89044
Telephone: _____ Social Se _____
Date of Birth _____ Place of Birth: Lake Havasu City, AZ Sex: M ☒ or F
E-mail Address: NdCov@yahoo.com

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Pima Medical Institute Store #: _____
Address: 3333 East Flamingo Road
City: Las Vegas State: NV Zip Code: 89121
Signature of Managing Pharmacist: Steve L. Feenan Lic #: PT00139 Date: 5/28/11

(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: Arizona Date: _____ Case #: 200900505
County: Mohave Court: Lake Havasu Consolidated 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.

Nic Covington Date: 5/24/11
Signature Date

Board Use Only
Received: JUN 1 2011 Check Number: 40011 Amount: 40.00

57161

Nevada State Board of Pharmacy

431 West Plumb Lane

Reno, Nevada 89509

June 5th, 2011

To whom it may concern,

I am writing this letter as an explanation in regards to my misdemeanor listed on my pharmacy technician trainee application, and as a request for an approval by the Nevada Board of Pharmacy to be licensed as a pharmacy technician trainee.

Back in 2009, when I was 19 years old, I was young, reckless, naïve, and rebellious, and I did something ridiculous that I regret is on my record. Some friends and I lived in a town that was filled with drugs and alcohol, there really wasn't much else to do. I was arrested for paraphernalia, and reckless endangerment, I am still paying off the court fees of \$2,300.00, the District Attorney also recommended that I attend counseling, but the judge believed it was not needed in the case, as I have changed my environment. I regret everything that happened that night.

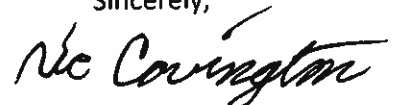
This is a very embarrassing period in my life, especially since I'm not the same irresponsible person anymore. I am currently working at a restaurant and living with my brother and his family, which is starting to feel like my family, I am making a better life for myself to create a better future; I understand the consequences of right and wrong, including state and federal laws and the punishment of violating them.

I admit to making a devastating mistake over 2 years ago and have learned from that bad decision and the consequences that arose from that situation. As a better and more mature adult who has gone back to school to pursue a career in the medical field, I have a passion and a desire to be the best in the pharmaceutical field.

Kindly consider approving my application as a pharmacy technician trainee so that I can improve the quality of life for myself and for my family.

Thank you for your time and thank you in advance for the opportunity.

Sincerely,

A handwritten signature in black ink that reads "Nic Covington". The signature is written in a cursive, flowing style.

Nicholas D. Covington

Pharmacy Technician Trainee

Board Action:

Motion: Kam Gandhi moved to approve the application for reciprocity for Ms. Ladas.

Second: Keith Macdonald

Action: Passed Unanimously

12. Requests for Pharmaceutical Technician in Training License – Appearance:

A. Brian Fello

Brian Fello appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Fello explained that he was using methamphetamine and expelled from Kaplan College where he was participating in the pharmaceutical technician program.

The Board advised Mr. Fello that they could not grant a pharmaceutical technician in training registration unless he was enrolled in a school or has a job where a managing pharmacist was willing to be responsible for his training. The Board suggested that he speak with the program director at Kaplan again and check into the PRN-PRN program for an evaluation.



B. Alexander G. Frankos



Alexander Frankos appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Frankos explained that he was a student at Anthem participating in their pharmaceutical technician program. He stated that there were three separate incidents with North Las Vegas Police Department that involved his possession and use of marijuana.

Board Action:

Motion: Kirk Wentworth moved to deny Mr. Frankos application for pharmaceutical technician in training.

Second: Cheryl Blomstrom

Action: Passed Unanimously

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: Alexander Middle: George Last: Frankos
Home Address: 2429 Windy Hills Ave. Apt #: _____
City: N. Las Vegas State: NV Zip Code: 89131
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Las Vegas, NV
E-mail Address: _____ Sex: ☒ M or F

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Anthem Institute Store #: _____
Address: 2330 S. Rancho Drive
City: Las Vegas State: NV Zip Code: 89102

Signature of Managing Pharmacist: _____ Lic #: 204123 Date: 9/16/10
(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: 12-22-2008 Case #: CR013752-08
County: Clark Court: case was closed

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 _____

Board Use Only

Received: _____

Check Number: 110

Date: 9-17-2010

Amount: 40.00

Case number: CR0022154-07

I was pulled over on 3-23-2007 by North Las Vegas Police for a minor traffic violation. In my vehicle I was in possession of marijuana less than an oz. The case was closed.

Case number: CR010142-07

I was pulled over for a minor traffic violation. I was taken to North Las Vegas Police Department where I was asked to give a blood sample. After the results of the blood test came back it was determined that I was driving under the influence of marijuana. The case was closed.



General Inquiry

New Search

Summary

Parties

Events

Dockets

Fields

Notes

Disposition

Costs

CRIMINAL NLV - Summary

CR013752-08 CITY OF NORTH LAS VEGAS CITY OF NORTH LAS VEGAS VS. FRANKOS,
ALEXANDER GEORGE

(s)

DEFENDANT(s)

FRANKOS, ALEXANDER GEORGE

Attorney(s)

Attorney(s)

Full Name

Full Name

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

CONT-SUB-MARJ

POSSESSION OF CONTROLLED SUBSTANCE -
LESS 1 OZ MARIJUANA

Additional Fields

ACCIDENT

AGENT

AGENT DIVISION

BASE IDENTIFICATION NUMBER

COMMERCIAL VEHICLE

CONSTRUCTION ZONE

COLLECTIONS WARRANT WALL

INJURY

JED WARRANT LETTER TRACKING

MASTER FILE

POLICE DEPARTMENT INCIDENT NUMBER 08032955

SCHOOL ZONE

SCOPE

SCOPE SID#

TR HISTORY NUMBER

12-22-2008

Case Attributes

Number CR013752-08

Status CLOSED

Filed 12-27-2008

NORTH LAS VEGAS

COUNTY OF CLARK - STATE OF NEVADA

JUDGMENT OF SENTENCEDEFENDANT: ALEXANDER GEORGE FRANKOS COURT: CR010264-06

SSNO: _____ DATE OF BIRTH: _____

DATE OF ARREST/VIOLATION: 12/04/2006

VIOLATION OF ORDINANCE (S):

DRIVING ON A CANCELLED, REVOKED, OR SUSPENDED D/L

POSSESSION OF NARCOTICS PARAPHERNALIA

POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ MARIJUANA

REGISTRATION CERTIFICATE TO BE CARRIED IN VEHICLE

FAIL TO SIGNAL LANE CHANGE ON MARKED HIGHWAY

SPEEDING 11- 20 MPH OVER LIMIT

DATE OF DISPOSITION 01/11/2007

IN OPEN COURT

FINAL CHARGE (S)	CONVICTION	DISPOSITION OF SENT.
DRIVING WITHOUT VALID LICENSE	PLEA NOLO FOUND GUILTY	FINE 250
POSSESSION OF NARCOTICS PARAPHERNALIA	PLEA GUILTY	FINE 1000
POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ MARIJUANA	DISMISSED	DISMISSED
PARKING VIOLATION	PLEA GUILTY	SS
PARKING VIOLATION	PLEA GUILTY	SS
PARKING VIOLATION	PLEA GUILTY	SS
		CASE CLOSED 1/11/2007

COURT CLERK

MUNICIPAL JUDGE

IN THE MUNICIPAL COURT OF THE CITY OF

NORTH LAS VEGAS

COUNTY OF CLARK - STATE OF NEVADA

JUDGMENT OF SENTENCE

DEFENDANT: ALEXANDER GEORGE FRANKOS COURT: CR013752-08

SSNO: _____ DATE OF BIRTH: _____

DATE OF ARREST/VIOLATION : 12/22/2008

VIOLATION OF ORDINANCE (S): POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ
MARIJUANA
DRIVING WITHOUT HEADLIGHTS

DATE OF DISPOSITION 02/03/2009 IN OPEN COURT

FINAL CHARGE (S)	CONVICTION	DISPOSITION OF SENT.
POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ MARIJUANA	PLED GUILTY	FINE 600
DRIVING WITHOUT HEADLIGHTS	PLED GUILTY	SS 2 DYS
		CASE CLOSED 2/3/2009



COURT CLERK



MUNICIPAL JUDGE

NOTARIAL CERTIFICATE
I, _____, Notary Public for the State of Nevada, do hereby certify that the foregoing is a full, true and correct copy of the original on file and of record in my office.
DATE: 11/24/11
My Comm. Expires: 11/24/11
Notary Public for the State of Nevada
My Comm. No. 112411

MUNICIPAL JUDGE

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: Brian Middle: Jay Last: Katz
Home Address: 7709 Sanction Ave. Apt #: _____
City: Las Vegas State: NV Zip Code: 89131
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: SKokie, IL Sex: ☒ M or F
E-mail Address: Brian.Katz00@live.com

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: ARMED Institute Store #: _____
Address: 2320 S. Rancho Dr
City: Las Vegas State: NV Zip Code: 89102
Signature of Managing Pharmacist: [Signature] Lic #: 704108 Date: 5/6/11
(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 a 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] Date: 4/19/11
Signature Date

Board Use Only

Received: JUN 21 2011 Check Number: 595 Amount: 40.00

57175

To whom it may concern,

During the summer of 2005, I was stopped by the highway patrol in Utah's city of St. George. I was on my way back to Las Vegas from visiting a friend in Colorado. When the officer approached my vehicle, he was able to smell a strong marijuana odor. He searched my car and found a small amount of marijuana in my possession. Since I had already been driving for 10 hours, the officer wrote me a citation, and let me continue on my way, provided that I return to St. George for my scheduled court date. When I attended my court date, the judge gave me a fine, as long as I went down to the police station to get booked.

During the summer of 2008, I was stopped by a metro police officer as I was trying to pass a vehicle in front of me who was going well under the speed limit. I was told to get out of the car so he could perform a field sobriety test. According to the officer, I failed almost all of the tests, and he arrested me for driving under the influence.

To this day, I am very remorseful for my actions, and I have learned from my young, immature mistakes that I have made in the past. Since these incidents, I have grown more mature and responsible, and nothing of this nature will ever happen again.

Sincerely,

Brian Katz


4/26/11



LLOYD BAKER ATTORNEYS

ATTORNEYS AT LAW

We've Made Personal Injury Personal Again

February 16, 2011

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: The City of Las Vegas vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that your case is now resolved. Accordingly, our work on your behalf in this matter is concluded.

If you would like a copy of your file for your own records, please request a copy of the same at the phone number below to arrange a time for you to pick it up. Please know that you have two (2) weeks from the date of this letter to retrieve a copy of your file from our office. If you fail to do so, a retrieval fee of \$75.00 will be required.

Thank you for choosing our office to serve your legal needs. If you, a family member or a friend needs legal assistance, please do not hesitate to contact us. We handle all criminal and personal injury cases. Additionally, we handle all non-criminal traffic citations for free.

Sincerely,

JASON W. BARRUS, ESQ.

JB/ss

☒ **Las Vegas Office:**
500 South Eighth St.
Las Vegas, NV 89101
Phone: (702) 360-4949
Alt. Phone: (702) LAW FIRM
Facsimile: (702) 360-3234

☐ **Phoenix Office:**
202 E. Earl Dr., Suite 490
Phoenix, AZ 85012
Phone: (602) 265-5555
Alt. Phone: (877) AZ LAW FIRM
Facsimile: (602) 265-5550

LB
LLOYD BAKER ATTORNEYS
ATTORNEYS AT LAW
We've Made Personal Injury Personal Again

November 10, 2010

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: *The City of Las Vegas vs. BRIAN KATZ*
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that you have been ordered to comply with the following requirements prior to your next hearing.

1. Pay a \$397.00 fine to the Court (please contact the LV Municipal Court on ways to pay at #229-6497).

Your Status Check hearing has been scheduled for February 16, 2011 at 2:30 P.M., in the Las Vegas Municipal Court, Department 4. **Your presence is required on this date only if you are not compliant with your requirements. If you fail to comply, you will be ordered to serve jail time.**

Should you have any questions do not hesitate to contact our office.

Respectfully,



JASON W. BARRUS, ESQ.

LB/ss

☒ **Las Vegas Office:**
500 South Eighth St.
Las Vegas, NV 89101
Phone: (702) 360-4949
Alt. Phone: (702) LAW FIRM
Facsimile: (702) 360-3234

☐ **Phoenix Office:**
202 E. Earl Dr., Suite 490
Phoenix, AZ 85012
Phone: (602) 265-5555
Alt. Phone: (877) AZ LAW FIRM
Facsimile: (602) 265-5550

City of Las Vegas Municipal Court DUI School

LasVegasDUISchool.com

ALCOHOL AND SUBSTANCE ABUSE COURSE COMPLETION CERTIFICATE

Student Name: **Brian Katz**
Student Address: **7709 Sanction Ave.**
Las Vegas, NV 89131

D.L. #: **1601697870**

D.O.B.: **03/07/1984**

- A. Name and Department of the Court having jurisdiction: **Las Vegas Municipal Court**
B. Judge's Name:
C. Citation Number: **C0722417-A**
D. Court Ordered Completion Date: **11/10/2010**
E. Did the student successfully complete the course within the time ordered by the court?
YES
F. Any Additional information required by order of the court:

I hereby Certify all statements on this form are true.

STUDENT'S SIGNATURE

DATE

TO BE COMPLETED BY SCHOOL OFFICIAL:

School Name:	City of Las Vegas First Offender DUI Program	School License#:	DUI000025947
Course Attended:	ALCOHOL AND SUBSTANCE ABUSE	Date Completed:	11/07/2010
Hours of Instruction:	8 hour	Final Test Score:	82.5%
Instructor's Name:	Lisa Warren	Certificate #:	00001069

Instructor's Signature:



Mail form to: Department of Motor Vehicles, Central Services and Records Division, 555 Wright Way, Carson City, Nevada 89711, Attention: Data Integrity.

(Must be submitted by the 10th day of the month immediately following the month in which the student enrolls)

BRIAN KATZ
August 27, 2010
Page 2

RE: AUTHORIZATION

I Brian Katz, authorized Moraima, an employee
(Print - Card holder's name)
of Baker Law Offices to debit from my account (XXXX-XXXX-XXXX-0833) the
amount of \$100.00 on August 26, 2010 as a one time payment, with a new balance of \$150.00.


(CARD HOLDER SIGNATURE)

RECEIVED

SEP 08 2010

BAKER LAW OFFICES

LB:mv
Enclosure

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234

STOP DUI - VICTIM IMPACT PANEL

(702) 456-STOP




NAME: Brian Katz Court of Referral

Case No: C0702417A CLV Muni

CLARK COUNTY LIBRARY THEATER (English ONLY): 3rd Wednesday Each Month
1401 East Flamingo Road Las Vegas, NV 89119
DO NOT Contact Library
CHECK IN: 5:30 p.m. PANEL: 7:00 p.m. - 9:00 p.m.
Call (702) 456-7867 for info

HENDERSON CONVENTION CENTER (English ONLY): 1st Wednesday, FEB MAY AUG NOV
1200 South Weber Street Henderson, NV 89015
DO NOT Contact Convention Center
CHECK IN: 5:30 p.m. PANEL: 7:00 p.m. - 9:00 p.m.
Call (702) 456-7867 for info

HISPANIC ONLY Panel Available: Call (702) 456-7867 for info
MUST SHOW PHOTO ID, UNDER 18 Years of Age MUST BE ACCOMPANIED BY AN ADULT.
APPROPRIATE COURT ROOM ATTIRE REQUIRED: Knee length shorts permitted. NO tank or halter tops
DRINKING OR ILLICIT DRUGS STRICTLY PROHIBITED! Bare feet not permitted.
No persons will be admitted after Panel begins.

COST: \$50.00 Cash, Money Order or Credit Card   

ONLINE REGISTRATION at www.stopdui.org

Accepted By: [Signature] ☒ Cash ☐ MO ☐ CC ☐ Online

RETAIN RECEIPT FOR PROOF OF ATTENDANCE

\$20.00 Fee for Replacement Receipt
WHITE - Proof of Attendance YELLOW - StopDUI PINK - Court GOLD - Defendant 6/1/10

CORONER
LAS VEGAS

Next of Kin Notification

Sherry Katz Mother
In case of your death - list your next of kin Relationship

7709 Sanction Ave Las Vegas NV
Address City, State, Zip 89131



702-823-9921
Contact phone numbers

Brian Katz
Your Signature

CORONER
LAS VEGAS

Coroner's DUI Program

Brian Jay Katz
Print Full Name

Has attended the Coroner's DUI Program at the Clark County

Coroner's Office on 6/9/10



[Signature] Mark Messing
Coroner's DUI Instructor

Complete the reverse side

Date: 01/29/10
To: Lloyd W. Baker
RE: Brian Katz
Coroner Visitation Proof



Baker Law Offices

Lloyd W. Baker And Associates

July 26, 2010

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE: *The City of Las Vegas vs. Brian Katz*
Case No.: C722417 A/B/C
Balance \$250.00

Dear Mr. Katz:

Per your retainer, your payment is now **8 MONTHS** late. If we do not hear from you within ten (10) days from the date of this notice, we will start a Motion to Withdraw on your case and will not appear at your hearing scheduled for November 10, 2010. If you have already made this payment, please disregard this notice.

Please feel free to call our office with any questions that you may have.

Respectfully,
BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

LB:ss

500 South Eighth Street •, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234



Baker Law Offices

Lloyd W. Baker And Associates

June 30, 2010

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: The City of Las Vegas vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that you have been ordered to comply with the following requirements prior to your next Status Check hearing.

1. Complete DUI school online (see attachment)
2. Pay a \$577.00 fine to the Court OR do Community Service (see attachment for more information on how to enroll)
3. Pay a \$75.00 "no show" fee

Your Status Check hearing has been scheduled for November 10, 2010 at 8:30 A.M., in the Las Vegas Municipal Court, Department 4. **Your presence is required on this date so you may show proof that you are compliant with your requirements.** If your requirements are not completed you may face further consequences.

Should you have any questions do not hesitate to contact our office.

Respectfully,
BAKER LAW OFFICES

JASON W. BARRUS, ESQ.

JB/ss

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234



LAS VEGAS MUNICIPAL COURT TRAFFIC SCHOOL

Located at the Regional Justice Center

200 Lewis Avenue

4th Floor

C0722417-A

You may take the 5-hour Traffic School Class in one of two ways:

- 1) **Internet Traffic School:** Log onto www.lasvegasdriver.com and use your credit card to pay for the class.
- 2) **Classroom Traffic School:** Call 229-2244 to schedule an appointment. You must arrive 30 minutes before class to pay your tuition fee and be seated. Late arrivals will NOT be admitted!

All reschedules will be charged a \$10 fee each time class is missed or the date is changed.

Tuition Costs	
Traffic School	\$35 (5 hours)
Internet Traffic School	\$39 (5 hours)
Repeat Offender Class	\$100 (8 hours)
Repeat Offender Online	\$120 (8 hours)
Traffic Safety Film	\$35 (1 hour)
Drinking Driving Awareness	\$75 (4 hours)
Phase 3	\$150 (8 hours)



Las Vegas Municipal Court

Alternative Sentencing and Education Division

Regional Justice Center

200 Lewis Avenue

Fourth Floor

Las Vegas, Nevada

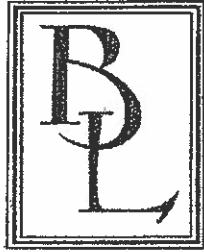
C 722417-A

MUST pay \$75.00 for NO Show Fees

COMMUNITY SERVICE WORK PROGRAM REFERRAL INSTRUCTIONS

- Report to the Alternative Sentencing and Education Division front counter, located on the 4th Floor of the Regional Justice Center, within 7 days. Enrollment hours are Monday-Friday, 9am-5pm.
- *You must enroll in the program no more than 7 days after being referred*
- The \$35.00 program fee is due at the time of enrollment
- Please provide this referral sheet, along with your court receipt, when you enroll
- If you have any medical problems, a doctor's release will be required before you are assigned a work-site

You will be assigned a work-site and scheduled based upon availability of sites and the particular circumstances of your case. We cannot guarantee a worksite close to your home. Program requirements and conditions of participation will be explained to you at the time of



Baker Law Offices

Lloyd W. Baker And Associates

February 26, 2010

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: The City of Las Vegas vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz:

The following requirements must be fulfilled prior to your Status Check hearing in June 30, 2010.

1. Pay a \$577.00 fine to the Court
2. Attend DUI school
3. Complete Victim Impact Panel classes ~
4. Attend Coroners class
5. all other counts dismissed

Your Status Check hearing on this charge is scheduled for June 30, 2010 at 8:30 A.M., in the Las Vegas Municipal Court, Department 4. **Your presence is required on this date so you may show proof that you are compliant with your requirements.** If these requirements are not completed you may face further consequences.

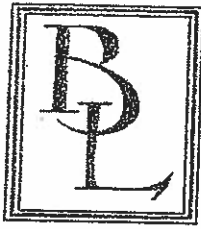
Should you have any questions do not hesitate to contact our office.

Respectfully,
BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

LB/ss

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234



Baker Law Offices

Lloyd W. Baker And Associates

February 16, 2010

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE: *The State of Nevada vs. Brian Katz*
Case No.: C722417 A/B/C
Balance \$250.00

Dear Brian:

We have been trying to reach you regarding the above-mentioned balance. Per your retainer, your payment is now 4 months late. Please call our office to advise when you will be making the payment. If you have already made this payment, please disregard this notice.

Please feel free to call our office with any questions that you may have.

Respectfully,
BAKER LAW OFFICES


LLOYD W. BAKER, ESQ.

LB/vg

500 South Eighth Street •, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234



Baker Law Offices

Lloyd W. Baker And Associates

December 10, 2009

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: The City of Las Vegas vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that your next haring has been scheduled for February 24, 2010 at 2:00 P.M., in the Las Vegas Municipal Court, Department 4. **Your presence is required on this date.** Failure to appear may result in a bench warrant.

Should you have any questions do not hesitate to contact our office.

Respectfully,

BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

LB/ss

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234



Baker Law Offices

Lloyd W. Baker And Associates

September 30, 2009

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE: *The City of Las Vegas vs. Brian Katz*
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that your Pre-trial hearing has been scheduled for December 9, 2009, at 2:00 P.M. in the Las Vegas Municipal Court, Department 4. **Your presence is required on this date.** If you do not appear on this date a warrant may be issued for your arrest.

Please feel free to call my office with any questions that you may have.

Respectfully,

BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

LB/ss

500 South Eighth Street •, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234



Baker Law Offices

Lloyd W. Baker And Associates

July 22, 2009

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: THE CITY OF LAS VEGAS vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz;

Please be advised that your Trial date is scheduled for September 28, 2009, at 2:30 P.M., in the Las Vegas Municipal Court, Dept. 4. **Your presence is required on this date.** If you do not appear on this date, a warrant will be issued for your arrest.

We will begin negotiations within a week of the Trial date. As soon as we have a good deal negotiated we will contact you immediately to inform you of it.

Please feel free to call my office with any questions that you may have.

Respectfully, .

BAKER LAW OFFICES


LLOYD W. BAKER, ESQ.

LB/jh

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234

1 BRADFORD R. JERBIC
2 City Attorney
3 Regional Justice Center, 2nd Floor
4 P. O. Box 3930
5 Las Vegas, Nevada 89127

6 **LAS VEGAS MUNICIPAL COURT**
7 **CLARK COUNTY, NEVADA**

8 CITY OF LAS VEGAS,

9 Plaintiff,

10 vs.

11 BRIAN KATZ
12 ID#: 2668821

13 Defendant.

CASE NO. C0722417A/B/C
DEPT NO. 4
CODE NO. 1103/9527/9522

14 **CRIMINAL COMPLAINT**

15 Said Defendant, on or about June 27, 2008, at and within the City of Las Vegas, State of
16 Nevada, in the area of ELKHORN ROAD AND NORTH CIMARRON ROAD, has committed the
17 following:

18 **COUNT A**

19 DRIVING UNDER THE INFLUENCE (Misdemeanor - LVMC 10.02.010, LVMC 11.14,
20 NRS484.038 and NRS 484.379(2)(3)), to-wit: said Defendant did wilfully and unlawfully drive a
21 motor vehicle and/or be in actual physical control of a motor vehicle by having existing or present
22 bodily restraint, directing influence, domination, or regulation of the vehicle, on a highway or on
23 premises to which the public has access while under the influence of a controlled substance or
24 chemical, to-wit: Delta-9-Tetrahydrocannabinol and/or Delta-9-THC Carboxylic Acid (marijuana
25 metabolite) and/or, to any degree, however slight, that the Defendant was incapable of safely
26 operating said vehicle, to-wit: such influence diminished the Defendant's mental or physiological
27 functions so that the risk of an accident was unreasonably increased and/or did wilfully and
28 unlawfully drive a motor vehicle and/or be in actual physical control of a motor vehicle by having
existing or present bodily restraint, directing influence, domination, or regulation of the vehicle on
a highway or on premises to which the public has access with a prohibited substance in his blood,

1 to-wit: Delta-9-Tetrahydrocannabinol, in an amount equal to or greater than 2 nanograms per
2 milliliter, to-wit: 19 nanograms per milliliter and/or Delta-9-THC Carboxylic Acid (marijuana
3 metabolite), in an amount equal to or greater than 5 nanograms per milliliter, to-wit: 180
4 nanograms per milliliter.

5 **COUNT B**

6 POSSESSION OF DRUG PARAPHERNALIA (Misdemeanor - LVMC 10.02.010 and NRS
7 453.566), to-wit: said Defendant did then and there wilfully and unlawfully possess with intent to
8 use drug paraphernalia, to-wit: a digital scale and/or a glass pipe with residue, said items
9 commonly used for the purpose of preparing and/or ingesting and/or inhaling or otherwise
10 introducing into the body a controlled substance.

11 **COUNT C**

12 POSSESSION OF ONE OUNCE OR LESS OF MARIJUANA (Misdemeanor - LVMC 10.02.010
13 and NRS 453.336), to-wit: said Defendant did then and there wilfully and unlawfully possess one
14 ounce or less of marijuana.

15 All of which is contrary to the form, force and effect of Statutes in such cases made and
16 provided and against the peace and dignity of the City of Las Vegas, State of Nevada. Said
17 Complainant makes this declaration on information and belief subject to the penalty of perjury.

18 Dated: January 26, 2009

19 Martin G. Orsinelli

20
21 MARTIN G. ORSINELLI, Complainant



**CITY OF LAS VEGAS
OFFICE OF THE CITY ATTORNEY
CRIMINAL DIVISION**

**DISCOVERY PRODUCTION
AND BILLING NOTIFICATION**

BRADFORD R. JERBIC
City Attorney

BENARD G. LITTLE
Assistant City Attorney

<u>DISCOVERY INFORMATION</u> 9 Pages @ \$1.00 \$9.00 Audio/Video recording @ 5.00 \$0.00 Amount Due \$9.00 Prepared by ANDERSON Date February 2, 2009	Matter Description: CITY OF LAS VEGAS V. KATZ, BRIAN C0722417A Dept 4 Next Court Date: 4/6/09 Court Purpose: pt
<u>ATTORNEY INFORMATION</u> LLOYD W. BAKER ATTORNEY 500 SOUTH EIGHTH STREET LAS VEGAS NEVADA 89101	<u>PROMISE OF RECIPROCAL DISCOVERY</u> I am the attorney for the named Defendant. In executing this receipt for Discovery, I acknowledge receipt of Discovery provided by the CITY the CITY's Request for Discovery and promise to comply with all requirement of NRS 174.089 and 174.295. Signature _____ Date _____

Payment for Copies: Make all checks payable to: **CITY OF LAS VEGAS**

Remit to: City of Las Vegas Finance & Business Services as indicated on **monthly invoice** on receipt. Upon signing, in consideration of the copying services provided, Attorney agrees to be liable for the above costs and for such other costs for copies provided in this case, notwithstanding any right of Attorney to collect such costs from Defendants or Third Parties. Attorneys who do not accept this liability must make arrangements to pre-pay such costs.

DISCOVERY PROVIDED BY CITY

If necessary, the court's jurisdiction will be established, in whole or in part, by the use of the following two publications (See NRS 51.245 and 51.275): *Edition '07 Greater Las Vegas Street Guide and Directory*, © 2007 by Metro Maps, Inc. and/or *2007 Directions Official Street Guide, 32nd Edition*, © 2007; and/or a request of the Court to take judicial notice under NRS 47.130-47.170 and/or its corresponding supplements.

The CITY has provided written or recorded statements or confessions made by the Defendants, any written or recorded statements made by any witness, results of physical or mental examinations and of scientific tests or experiments in connection with the case which are within the possession or custody of the prosecuting attorney. Additional discovery will be furnished when available pursuant to NRS 174.295. It may be obtained at the Office of the City Attorney, City Hall, 9th Floor. Prior to any trial, it is the responsibility of defense counsel to contact the Deputy City Attorney assigned to prosecute this case to verify that all available discovery materials have been provided. The parties agree that, pursuant to NRS 174.234(1) and (2), the attached documents constitute service and filing of the Notice of Witnesses required by said statute. Please note that the address of any witness employed by the LV Metropolitan Police Department is 400 Stewart, Las Vegas, Nevada 89101; the address of Nevada Highway Patrol is 4615 W. Sunset Road, Las Vegas, Nevada 89118.

The Office of the City Attorney has no "open file" policy. It is aware of obligation concerning the provision of discovery under the Nevada Revised Statutes and under *Brady, Agurs, Giglio, Kyles*, their progeny - including the limitations of the City's pretrial obligations under such authorities. The City intends to continue to meet its obligations therein. If you feel that the City is not meeting its obligations, please so advise and specify each item of information thought to be withheld; such items' materiality to an admissible defense or qualification as admissible impeachment; the person or agency in actual possession of each item; the relationship the City has with such person or agency; why it is reasonable to conclude that the City can force disclosure of such material; what efforts you have undertaken to obtain each item and why each item requested is not equally accessible to you or your client (through the issuance of a subpoena or otherwise). The City will then communicate an appropriate response. "Boilerplate" requests will invite a simple restatement of this paragraph.

CITY'S REQUEST FOR DISCOVERY

Defendant agrees to accept this document as constituting a sufficient request for Discovery under NRS 174.245 in compliance with NRS 174.285. Pursuant to NRS 174.245, the CITY hereby requests that the Defendant provide to the Office of the City Attorney to inspect and/or provide copies: (a) written or recorded statement made by any witness within the possession, custody or control of the Defendant or Defendant's counsel; the existence which is known, or by the exercise of due diligence may become known, to the Defendant or Defendant's counsel; and (b) results or reports of physical or mental examinations, and of scientific tests or experiments made in connection with the particular case, or copies thereof within the possession, custody or control of the Defendant or Defendant's counsel; the existence which is known, or by the exercise of due diligence may become known, to the Defendant or Defendant's counsel; and (c) books, papers, documents, tangible objects, or copies of portion thereof that Defendant intends to introduce into evidence as set forth in NRS 174.245. The Defendant agrees to provide such documents within 30 days of receiving the attached documents or 30 days prior to trial (whichever is sooner) and provide additional documents as they become available pursuant to NRS 174.245.

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

DECLARATION & REPORT OF MISDEMEANOR (DUI) ARREST

☒ City of Las Vegas ☐ Clark County

Event Number 060627 3254

Name @ Booking: HATZ, BRIAN

True Name per SCOPE: 114 POSS

ID#: VRW 2668821

SSN: 347-82-6609

DL#/State: 1601697870 NV

The undersigned makes the following declaration subject to the penalty of perjury: I am a peace officer with LVMPD and have been so employed for 7 years ☐ months. From the identified sources, I have probable cause to believe that the person named above committed criminal offenses within ☐ City of Las Vegas ☐ Clark County, Nevada as follows: Driving or Being in Actual Physical Control of a Motor Vehicle to-wit: (year) 01 (make) H/UNO (SILVER) (model) FLORIDA (VIN/Lic#/State) FMH DN 95 11 4 168869/60425 NV while intoxicated, which occurred in the area(s) of BLAHORN / O Cinnabar on or about the 28 day of JUN 2008 @ 2209 hours ☐ and the crime(s) of POSS WARD PARA / PCS - margin which occurred in the same area on the same date and approximate time.

INVESTIGATION PRECEDING SUSPECT CONTACT

- ☒ Routine Roadside Traffic Stop by ☒ Declaration ☐ Officer based upon the following reasonable suspicion: HATZ, BRIAN WAS DRIVING THE ABOVE VEH R/A BLAHORN / O Cinnabar AT 45 MPH IN A POSTED 35 MPH ZONE.
- ☐ Call to Dispatch Received @ _____ hours. Caller: _____
 Caller Reported: ☐ Collision ☐ Unknown ☐ Injury; ☐ Suspected Drunk Driver
☐ Other: _____
☐ Declarant ☐ Other _____ arrived @ the scene @ _____ hours and determined that this person was driving a motor vehicle involved in the; ☐ collision via ☐ their admission; ☐ their statements of concern as to the vehicle or its contents; ☐ their presenting registration or insurance information as required by law; ☐ their proximity to the vehicle; _____
☐ their possession of the keys to the vehicle;
☐ their personal possessions in the vehicle including _____
☐ the statements of witness(es) _____ (who ☐ did ☐ did not write a statement) and _____ ☐ see suppl.;
- ☐ The above-named person was in actual physical control of the above-described vehicle as observed by ☐ Declarant ☐ Other to-wit: sitting in the vehicle behind the wheel while; ☐ the engine was running; ☐ the vehicle was in ☐ park ☐ drive ☐ neutral ☐ reverse; ☐ the keys were in the ignition; ☐ the vehicle lights were on; ☐ the heater/air conditioner was on; ☐ while the vehicle was located at a place to which the public has access to-wit: _____ where such vehicle was likely driven to because _____
☐ their foot was on the brake; ☐ with the vehicle engine being warm; ☐ other indicators as follows: _____ ☐ see suppl.;

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
DECLARATION FOR THE WITHDRAWAL OF WHOLE BLOOD SAMPLE

STATE OF NEVADA)

EVENT #: 080627 3254

KATZ, BRIAN J
(Name of Person Blood Drawn From)

COUNTY OF CLARK)

LAWRENCE WADDE

(Print Name of Declarant Drawing Blood)

being first duly sworn, deposes

and says THAT I AM A:

☒ Registered Nurse
☐ Licensed Practical Nurse
☐ Laboratory Technician/Assistant
☐ Emergency Medical Technician
☐ Physician Assistant

☐ Nurse Practitioner
☐ Medical Doctor
☐ Other (Specify) _____

employed by: PRISON HEALTH SERVICES

That a regular part of my duties is the withdrawing of blood samples from persons and I am authorized to do so by:

☒ Nevada State Board of Nursing
☐ Nevada Department of Human Resources / Health Division / Bureau of Licensure & Certification
☐ Nevada Board of Medical Examiners (Doctors Only)

That on JUNE 28, 2008, at 0007 AM/PM, I withdraw a sample of blood in a medically accepted manner (including using no alcohol solutions or alcohol-based swabs) from a person known to me

as KATZ, BRIAN J
(Print Name of Person Blood Drawn From)

That I kept the sample of blood in my sole custody or control and it remained in substantially the same condition as when I first obtained it, until I delivered the sample to Officer B. THEIL, P# 6097 of the Las Vegas Metropolitan Police Department. I, LAWRENCE WADDE, do hereby declare under penalty of perjury that the foregoing is true and correct.
(Print Declarant Name)

I HEREBY CERTIFY that this is a full, true and correct copy of the original Declaration for Withdrawal of Whole Blood on file with the Las Vegas Metropolitan Police Department.
2009/5 195461
TRAFFIC CUSTODIAN OF RECORDS

[Signature]
Declarant Signature

REGISTERED NURSE
Declarant Title

[Signature]
Witness Signature

6/28/08
Date

Las Vegas Metropolitan Police Department Forensic Laboratory Toxology Unit		Distribution Date: JAN 08 2009	
Subject(s):	KATZ, Brian	Case:	08 0627-3254
		Agency:	LVMPD
		Booked by:	B6097T
Incident:	DUICS	Requester:	Traffic

I, THERESA SUFFECCOOL, do hereby declare:

That I am a Forensic Scientist employed by the Las Vegas Metropolitan Police Department;

That on September 25, 2007, I first qualified in the Eighth Judicial District Court of Clark County, Nevada, as an expert witness, to testify regarding the testing of blood to determine the presence and amount of controlled substances;

That I received a sealed blood sample in the above case from a secure refrigerator in the LVMPD Forensic Laboratory;

That I completed an analysis on the sample and identified:

Δ⁹-TETRAHYDROCANNABINOL
THC CARBOXYLIC ACID (Marijuana metabolite)

19 ng/ml
180 ng/ml

25 ng/ml

That I sealed the sample and placed it in a secure refrigerator in the LVMPD Forensic Laboratory;

That the evidence was in my custody from the time I first obtained it until I resealed the sample, at which time it was in substantially the same condition as when I first obtained it.

I declare under penalty of perjury that the foregoing is true and correct.

Theresa Suffecool 13316 1-7-09 Lucy A. Burt
Theresa Suffecool, IP #13316 Report Date
Forensic Scientist Copy of the original
Forensic Laboratory Report on file with the
Las Vegas Metropolitan Police Department.
Davalis 1-22-09
TRAFFIC CUSTODIAN OF RECORDS

Las Vegas Metropolitan Police Department Forensic Laboratory Report of Examination Toxicology Unit		Distribution Date: AUG 08 2008	
Subject(s): KATZ, BRIAN	Case: 08 0827-3254		Agency: LVMPD
		Booked By: B6097T	Requester: Traffic
Incident: DUICS			

I, Theresa Suffecool, do hereby declare:

That I am a Forensic Scientist employed by the Las Vegas Metropolitan Police Department;

That on September 25, 2007, I first qualified in the Eighth Judicial District Court of Clark County, Nevada, as an expert witness, to testify regarding the presence and amount of alcohol in a biological fluid;

That I received sealed evidence in the above case from a secure refrigerator in the LVMPD Forensic Laboratory, containing a sample of whole blood;

That I completed an analysis on the sample and determined that the blood contained a concentration of alcohol of 0.000 gram per 100 milliliters of blood;

That I sealed the evidence and placed it in a secure refrigerator in the LVMPD Forensic Laboratory;

That the evidence was in my custody from the time I first obtained it until I resealed it, at which time it was in substantially the same condition as when I first obtained it.

I declare under penalty of perjury that the foregoing is true and correct.

I HEREBY CERTIFY that this is a full,
 true and correct copy of the original
 Forensic Laboratory Report on file
 with the Las Vegas Metropolitan Police Department.

26972 192906
 TRAFFIC CUSTODIAN OF RECORDS

Theresa A. Suffecool 13316 8-7-08
 Theresa Suffecool, #13316 Report Date
 Forensic Scientist II

Munir Aski
 Reviewer

PILSB/116

61P 12/61

2209

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
STANDARDIZED FIELD SOBRIETY TESTS RECORD

PAGE 1 OF 2 INITIAL FIELD INTERVIEW

SUBJECT'S NAME CHAZ, BRIGGS OFFICER 13 THOMAS OFFICER'S P # 6647 DATE 6/27/08 TIME 2219

1. DO YOU HAVE ANY ILLNESS OR INJURIES? YES ☐ NO ☒ 1a. DESCRIBE _____ 1b. MEDICATION Levithy 5 - 1c. TREATMENT/DOCTOR PHYSICIAN - ST. MARK'S
2. ARE YOU TAKING ANY PRESCRIBED OR NON PRESCRIBED DRUGS? YES ☒ NO ☐ 2a. REASON (MARIJUANA) 2b. LAST DOSE (Time) THIS MORN.
3. DO YOU HAVE ANY PHYSICAL DEFECTS OR DISABILITIES? YES ☐ NO ☒ 3a. DESCRIBE PHYSICIAN LEFT LEG 127 WOUNDS.
4. HAVE YOU BEEN DRINKING AN ALCOHOLIC BEVERAGE? YES ☐ NO ☒ 4a. WHAT AND HOW MUCH? _____ TIME STARTED _____ STOPPED AT _____

ADDITIONAL STATEMENTS _____ WAS MIRANDA WARNING GIVEN? YES ☐ NO ☐ UNDERSTOOD? YES ☐ NO ☐
SEARCHED HOUSE AT 11:00 PM SEARCHED HOUSE AT 11:00 PM SEARCHED HOUSE AT 11:00 PM
AT 11:00 PM AT 11:00 PM AT 11:00 PM
2000 - 2015 2000 - 2015 2000 - 2015
IT WASN'T HIM IT WASN'T HIM IT WASN'T HIM

PHYSICAL OBSERVATIONS: (Check Applicable Block(s) Circle Observations Following)
EYES: (Bloodshot) Red Watery Droopy Blank Stare Abnormal Pupil Size
BREATH: Odor of Alcoholic Beverage No Odor Other Odor (Describe Below) 2.1% 1.2% 0.1% 0.2% 0.1%
SPEECH: Slurred Stammered Confused Slow Not Understandable Other
GAIT: Unsteady Stiff Needed Support Falling Unsure SWAY Other
CLOTHING: Soiled Urinated on Self Unkempt Unfastened Other

OTHER OBSERVATIONS: HEAVY TINT ON BACK OF TONGUE SMOKE IN MOUTH 16.0% 16.0%

PRIMARY IMPROVED FIELD SOBRIETY TESTS BATTERY (WAT/OLS/HGN)
LOCATION OF FST STREET CORNER 1/2 1/2 1/2 1/2 1/2 1/2 SURFACE CONDITIONS DURING FST (Describe) DRY / ASPH
WEATHER CONDITIONS DURING THE FST (Describe) DRY / CLEAR LIGHTING CONDITIONS DURING THE FST (Describe) DRY & CLEAR

GENERAL INSTRUCTIONS TO SUBJECT:
• I AM GOING TO ADMINISTER A SET OF TESTS TO DETERMINE WHETHER OR NOT YOU ARE IMPAIRED.
• MY EVALUATION WILL BE BASED UPON HOW WELL YOU FOLLOW MY INSTRUCTIONS AND WHETHER OR NOT THE TESTS ARE PERFORMED EXACTLY AS I DEMONSTRATE THEM.

INSTRUCTIONS TO SUBJECT	SCORING CRITERIA	SUBJECT'S PERFORMANCE																														
<p>• PUT YOUR LEFT FOOT ON THE LINE AND THEN YOUR RIGHT FOOT IN FRONT OF IT. PUT YOUR ARMS DOWN AT YOUR SIDES, LIKE THIS</p> <p>• WHEN I TELL YOU TO BEGIN, TAKE NINE HEEL TO TOE STEPS DOWN THE LINE. TURN AROUND AND TAKE NINE HEEL TO TOE STEPS BACK.</p> <p>• MAKE YOUR TURN BY KEEPING ONE FOOT ON THE LINE AND THEN USING YOUR OTHER FOOT TO TAKE 3 OR 4 SMALLER STEPS LIKE THIS</p> <p>• KEEP YOUR HANDS AT YOUR SIDES.</p> <p>• WATCH YOUR FEET AT ALL TIMES.</p> <p>• COUNT YOUR STEPS OUT LOUD.</p> <p>• DO YOU UNDERSTAND? <u>YES</u></p> <p>• BEGIN AND COUNT YOUR FIRST STEP FROM THE HEEL TO TOE POSITION AS ONE.</p>	<p>WALK AND TURN TEST (WAT)</p> <p><input type="checkbox"/> Cannot keep balance while listening to instructions.</p> <p><input type="checkbox"/> Starts before instructions are finished.</p> <p><input type="checkbox"/> Stops while waiting to steady self.</p> <p><input type="checkbox"/> Does not touch heel to toe.</p> <p><input type="checkbox"/> Loses balance while walking (steps off line)</p> <p><input type="checkbox"/> Uses arms for balance.</p> <p><input type="checkbox"/> Turning: incorrect <u>X</u> Loses Balance</p> <p><input type="checkbox"/> Incorrect number of steps.</p> <p><input type="checkbox"/> Cannot do test (steps off line three or more times).</p> <p><input type="checkbox"/> Satisfactorily completed test.</p> <p><input checked="" type="checkbox"/> Failed</p> <p><u>3</u></p>	<p>POSITION OF THE STEPS</p> <p><input type="radio"/> RIGHT FOOT <input checked="" type="radio"/> LEFT FOOT</p> <p>STARTING POSITION</p> <p><u>(1) WITH FEET</u></p> <p><u>7.0% 7.0%</u></p>																														
<p>• PLEASE STAND WITH YOUR HEELS TOGETHER AND YOUR ARMS DOWN AT YOUR SIDES LIKE THIS.</p> <p>• WHEN I TELL YOU TO, I WANT YOU TO RAISE ONE LEG ABOUT SIX INCHES OFF THE GROUND AND HOLD THAT POSITION AT THE SAME TIME COUNT RAPIDLY FROM 1001 TO 1030, WHILE WATCHING FOOT, LIKE THIS.</p> <p>• DO YOU UNDERSTAND? <u>YES</u></p> <p>• BEGIN BY RAISING EITHER YOUR RIGHT OR LEFT FOOT.</p>	<p>ONE LEG STAND TEST (OLS)</p> <p><input type="checkbox"/> Sways while balancing.</p> <p><input type="checkbox"/> Uses arms to balance.</p> <p><input checked="" type="checkbox"/> Hopping.</p> <p><input checked="" type="checkbox"/> Puts foot down.</p> <p><input type="checkbox"/> Cannot do test (puts foot down three or more times)</p> <p><input type="checkbox"/> Satisfactorily completed test</p> <p><input checked="" type="checkbox"/> Failed</p> <p><u>3</u></p>	<p>PUT AN "X" THROUGH THE NUMBER IF THE SUBJECT PUTS HIS FOOT DOWN OR LOST HIS BALANCE.</p> <p>CIRCLE THE NUMBER IF THE SUBJECT HAS PROBLEMS COUNTING.</p> <table border="1"><tr><td>1001</td><td>1002</td><td>1003</td><td>1004</td><td>1005</td><td>1006</td></tr><tr><td>1007</td><td>1008</td><td>1009</td><td>1010</td><td>1011</td><td>1012</td></tr><tr><td>1013</td><td>1014</td><td>1015</td><td>1016</td><td>1017</td><td>1018</td></tr><tr><td>1019</td><td>1020</td><td>1021</td><td>1022</td><td>1023</td><td>1024</td></tr><tr><td>1025</td><td>1026</td><td>1027</td><td>1028</td><td>1029</td><td>1030</td></tr></table> <p><u>YES</u></p>	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030
1001	1002	1003	1004	1005	1006																											
1007	1008	1009	1010	1011	1012																											
1013	1014	1015	1016	1017	1018																											
1019	1020	1021	1022	1023	1024																											
1025	1026	1027	1028	1029	1030																											
<p>• DO YOU WEAR HARD CONTACTS? <u>NO</u></p> <p>• I AM GOING TO CHECK YOUR EYES, NOW KEEP YOUR HEAD STILL AND FOLLOW THIS</p> <p><u>RT EYE</u> WITH YOUR EYES</p> <p>• DO NOT MOVE YOUR EYES BACK TO CENTER UNTIL I TELL YOU.</p>	<p>HORIZONTAL GAZE NYSTAGMUS (HGN) (To Be Administered By Trained HGN Personnel)</p> <p><u>RT EYE</u></p> <table border="1"><thead><tr><th>LEFT</th><th>RIGHT</th><th>TOTAL POINTS</th></tr></thead><tbody><tr><td>EYE DOES NOT PURSUE SMOOTHLY</td><td></td><td></td></tr><tr><td>DISTINCT NYSTAGMUS AT MAX. DEVIATION</td><td></td><td></td></tr><tr><td>NYSTAGMUS ONSET BEFORE 45 DEGREES</td><td></td><td></td></tr></tbody></table> <p><u>5</u></p>	LEFT	RIGHT	TOTAL POINTS	EYE DOES NOT PURSUE SMOOTHLY			DISTINCT NYSTAGMUS AT MAX. DEVIATION			NYSTAGMUS ONSET BEFORE 45 DEGREES																					
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PAGE <u>2</u> OF <u>2</u>	ALTERNATE FIELD SOBRIETY TESTS	EVENT #: <u>060427-3224</u>
<p>PLEASE STAND WITH YOUR HEELS TOGETHER AND YOUR ARMS DOWN AT YOUR SIDES.</p> <p>I WANT YOU TO HOLD THAT POSITION AND DO NOT MOVE UNTIL I TELL YOU TO.</p> <p>DO YOU UNDERSTAND?</p> <p>NOW, CLOSE YOUR EYES AND DO NOT OPEN THEM UNTIL I TELL YOU TO.</p> <p>(HAVE THE SUBJECT HOLD THIS POSITION FOR 30 SECONDS)</p>	<p>MODIFIED POSITION OF ATTENTION (MPA)</p> <p><input type="checkbox"/> Body Sway</p> <p><input type="checkbox"/> Uses arms for balance. <u>NT/NT-EB</u></p> <p><input type="checkbox"/> Opens eyes during test.</p> <p><input type="checkbox"/> Loses balance but does not fall down.</p> <p><input type="checkbox"/> Falls down.</p> <p><input type="checkbox"/> Increase in body sway when compared to eyes being open.</p> <p><input type="checkbox"/> Unsatisfactory performance.</p> <p><input type="checkbox"/> Satisfactorily completed test. <u>31/30</u></p>	<p>SWAY: 1 WITH EYES OPEN</p> <p>2 WITH EYES CLOSED</p> <p>Back to Front Side to Side</p> <p>1 2 <u>1-2</u> 1 2 <u>1-2</u></p> <p><input type="checkbox"/> NONE <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> SLIGHT <input type="checkbox"/> SLIGHT</p> <p><input type="checkbox"/> MODERATE <input type="checkbox"/> MODERATE</p> <p><input type="checkbox"/> HEAVY <input type="checkbox"/> HEAVY</p>
<p>PLEASE STAND WITH YOUR HEELS TOGETHER, ARMS DOWN AT YOUR SIDES, AND POINT YOUR INDEX FINGERS STRAIGHT DOWN AT THE GROUND.</p> <p>WHEN I TELL YOU TO, I WANT YOU TO TOUCH THE TIP OF YOUR NOSE WITH THE TIP OF YOUR INDEX FINGER WHEN I SAY 'RIGHT' BRING YOUR RIGHT INDEX FINGER UP, TOUCH THE TIP OF YOUR NOSE, THEN RETURN YOUR RIGHT ARM TO YOUR SIDE. WHEN I SAY 'LEFT' BRING YOUR LEFT INDEX FINGER UP TOUCH THE TIP OF YOUR NOSE, THEN RETURN YOUR ARM TO YOUR SIDE.</p> <p>DO YOU UNDERSTAND?</p> <p>NOW CLOSE YOUR EYES.</p> <p>(PROCEED TO CALL OFF LEFT, RIGHT, RIGHT, LEFT, RIGHT LEFT)</p>	<p>FINGER TO NOSE TEST (FNT)</p> <p><input type="checkbox"/> Cannot keep balance while listening to instructions.</p> <p><input type="checkbox"/> Starts before instructions are finished.</p> <p><input type="checkbox"/> Required additional instruction during testing.</p> <p><input type="checkbox"/> Opened eyes during test.</p> <p><input type="checkbox"/> Failed to keep heels together throughout the test.</p> <p><input type="checkbox"/> Used hand other than the one designated.</p> <p><input type="checkbox"/> Missed tip of nose with tip of the index finger.</p> <p><input type="checkbox"/> Touched nose with hand or other fingertip.</p> <p><input type="checkbox"/> Swayed front to back or side to side.</p> <p><input type="checkbox"/> Lost balance during the test.</p> <p><input type="checkbox"/> Does not return arm to starting position.</p> <p><input type="checkbox"/> Unsatisfactory performance.</p> <p><input type="checkbox"/> Satisfactorily completed test.</p>	<p>DRAW A LINE TO WHERE THE DEFENDANT TOUCHED HIS NOSE OR FACE WITH HIS FINGERTIP</p> <p>RIGHT LEFT</p> <p>① ①</p> <p>② ②</p> <p>③ ③</p>
<p>PLEASE STAND WITH YOUR HEELS TOGETHER AND YOUR ARMS DOWN AT YOUR SIDES.</p> <p>WHEN I TELL YOU TO, I WANT YOU TO COUNT THE FINGERS ON THE HAND I TELL YOU TO USE BY TOUCHING THE TIP OF THE THUMB TO THE TIP OF EACH FINGER LIKE THIS.</p> <p>COUNT OUT LOUD AS YOU TOUCH EACH FINGER, BEGINNING WITH YOUR LITTLE FINGER, EXACTLY LIKE THIS, 1-2-3-4-3-2-1.</p> <p>DO YOU UNDERSTAND?</p> <p>BEGIN BY USING YOUR _____ HAND</p>	<p>FINGER COUNT TEST (FCT)</p> <p><input type="checkbox"/> Cannot keep balance while listening to instructions.</p> <p><input type="checkbox"/> Starts before instructions are finished.</p> <p><input type="checkbox"/> Required additional instruction during test.</p> <p><input type="checkbox"/> Used hand other than the one designated.</p> <p><input type="checkbox"/> Missed touching all the proper fingers.</p> <p><input type="checkbox"/> Counted incorrectly.</p> <p><input type="checkbox"/> Did not correctly touch thumb to finger.</p> <p><input type="checkbox"/> Confused, started over.</p> <p><input type="checkbox"/> Swayed front to back or side to side.</p> <p><input type="checkbox"/> Lost balance during the test.</p> <p><input type="checkbox"/> Unsatisfactory performance.</p> <p><input type="checkbox"/> Satisfactorily completed test.</p>	<p>DRAW A LINE FROM THE THUMB TO THE PLACE ON EACH FINGER THAT THE DEFENDANT TOUCHED WITH HIS THUMB.</p> <p>INDICATE THE NUMBER CALLED OFF BY THE DEFENDANT AS HE TOUCHED HIS THUMB TO EACH FINGER</p> <p>LEFT RIGHT</p>
PRELIMINARY BREATH TEST (IF APPLICABLE)		
UNIT: <u>SD-5</u>	SERIAL NUMBER: <u>5401</u>	FUNCTIONAL CHECK OK? <input type="checkbox"/>
WAS THE PBT ADMONITION GIVEN? <input type="checkbox"/> TEST REFUSED? YES <input type="checkbox"/> NO <input type="checkbox"/>		RESULT: <u>PASS</u>
TIME: _____ IMPLIED CONSENT WARNING		
You are required to submit to evidentiary testing of your blood or breath to determine alcohol content. If this is a first offense, you may refuse to submit to a blood test if breath testing is available.		
If you choose breath you must give two or more consecutive samples.		
If this is other than a first offense, or reasonable grounds exist to believe you have caused death or substantial bodily harm to another person, you must submit to a blood test.		
If the presence of a controlled substance is in issue, you are required to submit to a blood or urine test, or both, in addition to the breath test.		
If you fail to submit to required testing, the law allows me to direct that reasonable force be used to the extent necessary to obtain up to three blood samples from you.		
You are further advised that any warning relating to having an attorney present before answering any questions does not bear on the issue of submitting to evidentiary testing.		
YOU DO NOT HAVE THE RIGHT TO SPEAK TO AN ATTORNEY BEFORE TESTING.		
SUBJECT'S RESPONSE: <u>(510011 ch)</u>		
(DW) NRS 484.379 DRUG ADMONITION (To be given to a defendant who is suspected of driving under the influence of drugs, or the combined influence of alcohol and drugs in addition to NV implied consent).		
1. I have reasonable grounds to believe that you are under the influence of drugs or a combination of drugs and alcohol. I am directing that you submit to a blood and/or urine test in addition to the test you chose to determine the drug content of your blood.		
2. Failure to submit to the additional test(s) will result in the revocation of your driving privileges. If this is your first refusal in the last seven years, you will not be eligible for a driver's license for one year. If you have previously refused a chemical test in the last seven years, you will not be eligible for a driver's license for three years.		
3. Will you submit to a <u>510011</u> test?		
UNLAWFUL USE/INFLUENCE NRS 458.411 ADMONITION (To be given to a defendant arrested for unlawful use and/or under the influence of a controlled substance)		
1. I have probable cause to believe you have used or are under the influence of a controlled substance.		
2. I am directing you to submit to a blood and/or urine test to determine the drug content of your blood.		
3. If you fail to submit to this test I have the right to obtain a blood and/or urine sample from you and I will use reasonable force to obtain these samples from you.		
4. Will you submit to a _____ test?		
EVIDENTIARY TEST RESULTS		
Breath <input type="checkbox"/> Administered By _____		Location _____
Instrument _____	Instrument No. _____	Date/Time: _____
Urine <input type="checkbox"/> Witnessed By _____		Results _____
Date/Time _____	Event #: _____	Location Secured At _____
Blood <input checked="" type="checkbox"/> Witnessed By <u>B TIGIL 6097</u>		Drawn By: <u>WADIE</u>
Date/Time <u>6/28/00</u>		Event #: <u>060427-3254</u>
Refused <input type="checkbox"/> No Test Obtained <input type="checkbox"/>		Location Secured At <u>CITY</u>
Test Obtained Following Involuntary Test Procedures <input type="checkbox"/>		
OFFICER'S SIGNATURE: <u>[Signature]</u>		

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
PROPERTY REPORT

<input type="checkbox"/> Firearms Impounded				Incident NARCOTICS		Date Prepared 06-28-08		Time Prepared 6725		PAGE 1 OF 1	
<input type="checkbox"/> Recovered <input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Found				<input type="checkbox"/> Gang <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Felony <input type="checkbox"/> Gross <input checked="" type="checkbox"/> Misd.		Event # 080627-3254		CCW Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Check 180x Only <input type="checkbox"/> Safekeeping <input type="checkbox"/> Seizure <input type="checkbox"/> Other				Gang Alleg. <input checked="" type="checkbox"/> No Name		Supervisor Approving Sgt. M. Wall		P# 9325		P# 4261	
Reporting Officer A. Ash				Unit X6		Property Checked Through: <input type="checkbox"/> Pawn <input type="checkbox"/> NCIC <input type="checkbox"/> SCOPE		N/A			
Property Physically Impounded By: A. Ash				Unit X6		Connecting Reports - Type & Event #:					
Property Physically Impounded By: (Signature) <i>[Signature]</i>											

<input checked="" type="checkbox"/> Suspect	<input type="checkbox"/> Victim	<input type="checkbox"/> Associate
---	---------------------------------	------------------------------------

#	Last Name	First Name	MI	DOB	ID#	AKA
1	KATZ	BRIAN		03-07-84	7668821	
Street Address 1709 SANGTON LV, NV 89131				Arrest Date 06-27-08	Charge POS. MARIJUANA	

#	Last Name	First Name	MI	DOB	ID#	AKA

Recovered By <input checked="" type="checkbox"/> Owner	Last Name	First Name	MI	DOB	SS#
Reporting Officer <input type="checkbox"/> Finder					
Street Address			Home Phone		Business Phone
Location Of Recovery (Number & Street) ELKHORN SAUVAGE			Bldg.#	Apt.#	City
					LV
State			Zip Code		
NV			89130		
Owner Notified: By <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date	VIA	Risd. to Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Ash		06-27-08	IN PERSON		
Owner's Signature <i>[Signature]</i>					

Circumstances
Below listed items were located on vehicle inventory of above subjects vehicle.

PKG #	ITEM #	OWNER #	Make or Brand	Model	Color	Caliber Size	Barrel Length	S=Ser.# O=OAN M=Misc	Serial Number / OAN	Qty.	Description	If firearm Country Made / Importer
1	1	1								1	clear plastic baggie containing 31.5 grams ODV positive marijuana	
1	2	1								1	NARCOTICS PEPP W/RESEAL	
2	3	1	ALWJ							1	DENTAL SCALE	

↑ Corresponds to Incident Report

Check here if property listing is continued on continuation page. ☐

LVMPD 67A (REV. 3-07)

DISTRIBUTION WHITE • RECORDS YELLOW • EVIDENCE VAULT PINK • FIREARMS DETAIL GOLDENROD • CITIZEN

CAO 00008

☐ VEHICLE RECOVERY
☐ SEIZURE OR
☒ IMPOUND REPORT

LAS VEGAS
METROPOLITAN POLICE DEPARTMENT

Event # (original if applicable)

080627-3254

Report Date

06-27-08

Sector / Beat

24

Registered Owner's Name (Last, First, Middle) OR Firm Name

KATZ, GARY

Registered Owner's Address (Number & Street)

709 SAUNTON AVE

Bldg. # Apt. # City

- - - LV

State Zip Code

NV 89101

Legal Owner's Name (Last, First, Middle) OR Firm Name

Res. Phone

Bus. Phone

Legal Owner's Address (Number & Street)

Bldg. # Apt. # City

State Zip Code

Year Make Body Type Model Color Serial # / VIN 45 11 168869 Reg. / License # 604NTM 08 NV

CONDITION ☒ Drivable ☐ Damaged in Accident ☐ Unknown if Drivable
OF VEHICLE ☐ Wrecked ☐ Plates Missing ☐ Stopped ☐ Burned

Reason Vehicle Impounded DRIVER ARRESTED Location From Which Towed or Recovered (INCL. ZIP CODE) ELKHORN / SAUNTON ST. LV NV

LIC & VIN Checked Through NCIC? ☒ YES ☐ NO NIC # Hold for Prints? ☐ YES ☒ NO Reporting Agency, If Stolen Notified? ☐ YES ☒ NO

Vehicle used in Commission of Crimes? ☐ YES ☒ NO Event #

1 Name (Last, First, Middle) KATZ, BRIAN ☐ Suspect Charge (s) Arrested DUI - NARCOTICS I.D. Number 15W
2 Name (Last, First, Middle) ☐ Suspect Charge (s) Arrested I.D. Number
3 Name (Last, First, Middle) ☐ Suspect Charge (s) Arrested I.D. Number

CIRCLE IF PRESENT
FEATURES 7 CB Radio 14 Convertible 21 Sunroof 28 Spotlights 35 Primer 42 Torn Seat/Headliner 49 Damage to Front
8 Engine 9 Type Deck 15 T-Top 22 Hatchback 29 Level Altered 36 Pist 43 Door Panels Gone 50 Damage to Rear
9 Battery 16 Vinyl Top 23 Special Tires 30 Hydraulic Lifts 37 Decoative Paint 44 Broken Windows 51 Damage to Side
10 Registration 17 Air Cond. 24 Hubcaps 24 Missing Tires 31 Trunk Windows 38 Metallic Paint 45 Loud Muffler
11 F-Bumper 18 Radiator 25 Auto. Trans. 25 Special Rims 32 Rear View Mirror 39 Painted Inscription 46 Spare Tire
12 R-Bumper 19 Bucket Seats 26 Manual Trans. 26 Camper Top 33 Side View Mirrors 40 Sticker on Body 47 Jack
13 Radio 20 Bench Seats 27 4-Wheel Drive 27 Roll Bar 34 Extra Antenna 41 Sticker on Window 48 Trailer Hitch/Towbar

INVENTORY OF PERSONAL PROPERTY
☐ NONE
MISC. CLOTHING
MISC. PAPERWORK
CAMEL BAK
2 PRESSION POWER AMPS IN TRUNK

Vehicle Keys (give #) 1
Odometer Reading 119523
Trunk Inspected? ☒ YES ☐ NO Trunk

ADDITIONAL REMARKS / VEHICLE DAMAGE

ADDRESS OF ORIGINAL EVENT, IF STOLEN (TAKEN FROM)

O.K. To Release Vehicle? (Do NOT Place A Hold Only Because It Is Stolen)
☒ YES ☐ NO (If NO, Detail assigned follow up)

REASON FOR HOLD:
☐ Ewing Bros. Towing ☒ Quality Towing ☐ Other (Name)
1200 North 7th, LV, NV 2201 N. Commerce, NLV, NV (Address)

Garage Agent Storing (Signature) Date Request Time Officer Ordering Vehicle Stored (Signature) Date Arrival Time

Tow Company Stock Number Was Vehicle Rmd. To Owner Vehicle Released To: (Signature) Vehicle Released To: (Print Name)

Impounding Officer(s) (Print) P# Unit # Supervisor Approving

WVS P# Date Time Connecting Reports (Type & Event #)

Notification 9403 160300 1010 Dui ARREST PDCHT (702) 604 006097 / PROR REPORT

LVPD 503 (REV. 8-05) WHITE - POLICE RECORDS YELLOW - DETAIL PINK - TOW COMPANY / REGISTERED OWNER

CAO 00009

CITY OF LAS VEGAS

Bradford R. Jerbic
City Attorney

OFFICE OF THE CITY ATTORNEY



Mailing Address:
P.O. Box 3930
Las Vegas, Nevada 89127

Benard G. Little
Assistant City Attorney
Criminal Division

(702) 229-6201
Fax: (702) 464-2530

January 30, 2009

CERTIFIED MAIL

LLOYD W. BAKER
Attorney
500 SOUTH EIGHTH STREET
LAS VEGAS NEVADA 89101

City of Las Vegas v. KATZ, BRIAN
C0722417A 4

Pursuant to NRS 50.075, 50.315, 50.320, NRS 50.325 and *City of Las Vegas v Walsh*, 121 Nev 899; 124 P3d; 203 (2005); *cert denied*; *Gehner v City of Las Vegas*, 126 S.Ct.1786 (2006), you are placed on notice that the City intends to introduce the Affidavit[s] and/or Declaration[s] of the following witnesses as trustworthy evidence of all factual representations contained therein at the trial of the above referenced matter:

LAWRENCE WADE
5002 E HACIENDA
LAS VEGAS, NEVADA 89122

THERESA SUFFECOOL
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
400 STEWART AVE
LAS VEGAS, NEVADA 89101
(702) 828-3111

Pursuant to NRS 50.325(3), this notice does not prohibit you or the City from producing any witness to offer testimony at trial.

Sincerely,

BRADFORD R. JERBIC
CITY ATTORNEY

Matthew B. Walker

MATTHEW B. WALKER
Deputy City Attorney

//KEG

Encl: Affidavits

cc:
BRIAN J KATZ
7709 SANCTION
LAS VEGAS, NV 89131

RECEIVED

FEB 03 2009

BAKER LAW OFFICES

Las Vegas Metropolitan Police Department Forensic Laboratory 3800 S. Maryland Ave., Suite 100 Las Vegas, NV 89169 (702) 733-2000		Distribution Date: JAN 08 2009	
Subject(s): KATZ, Brian		Case:	08 0627-3254
		Agency:	LVMPD
		Booked by:	B6097T
Incident:	DUICS	Requester:	Traffic

I, THERESA SUFFECOOL, do hereby declare:

That I am a Forensic Scientist employed by the Las Vegas Metropolitan Police Department;

That on September 25, 2007, I first qualified in the Eighth Judicial District Court of Clark County, Nevada, as an expert witness, to testify regarding the testing of blood to determine the presence and amount of controlled substances;

That I received a sealed blood sample in the above case from a secure refrigerator in the LVMPD Forensic Laboratory;

That I completed an analysis on the sample and identified:

Δ⁹-TETRAHYDROCANNABINOL
 THC CARBOXYLIC ACID (Marijuana metabolite)

19 ng/ml
 180 ng/ml

2
 5

That I sealed the sample and placed it in a secure refrigerator in the LVMPD Forensic Laboratory;

That the evidence was in my custody from the time I first obtained it until I resealed the sample, at which time it was in substantially the same condition as when I first obtained it.

I declare under penalty of perjury that the foregoing is true and correct.

Theresa Suffecool 13316 1-7-09
 Theresa Suffecool, 13316, Report Date
 Forensic Scientist copy of the original
 Forensic Laboratory Report on file with the
 Las Vegas Metropolitan Police Department.
D. Walrus 1-22-09
 TRAFFIC CUSTODIAN OF RECORDS

Luigi A. Bui
 Reviewer

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
DECLARATION FOR THE WITHDRAWAL OF WHOLE BLOOD SAMPLE

STATE OF NEVADA)

EVENT #: 080627 3254

KATZ, BRIAN J
(Name of Person Blood Drawn From)

COUNTY OF CLARK)

LAWRENCE WADDE

(Print Name of Declarant Drawing Blood)

being first duly sworn, deposes

and says THAT I AM A:

☒ Registered Nurse
☐ Licensed Practical Nurse
☐ Laboratory Technician/Assistant
☐ Emergency Medical Technician
☐ Physician Assistant

☐ Nurse Practitioner
☐ Medical Doctor
☐ Other (Specify)

employed by: PRISON HEALTH SERVICES

That a regular part of my duties is the withdrawing of blood samples from persons and I am authorized to do so by:

☒ Nevada State Board of Nursing
☐ Nevada Department of Human Resources / Health Division / Bureau of Licensure & Certification
☐ Nevada Board of Medical Examiners (Doctors Only)

That on JUNE 28, 2008, at 0007 AM PM, I withdrew a sample of blood in a medically accepted manner (including using no alcohol solutions or alcohol-based swabs) from a person known to me

as KATZ, BRIAN J
(Print Name of Person Blood Drawn From)

That I kept the sample of blood in my sole custody or control and it remained in substantially the same condition as when I first obtained it, until I delivered the sample to Officer B. THEIL, PH# 6097 of the Las Vegas Metropolitan Police Department. I, LAWRENCE WADDE, do hereby declare under penalty of perjury that the foregoing is true and correct.
(Print Declarant Name)

I HEREBY CERTIFY that this is a full, true and correct copy of the original Declaration for Withdrawal of Whole Blood on file with the Las Vegas Metropolitan Police Department.
2008/15 192458
TRAFFIC CUSTODIAN OF RECORDS

[Signature]
Declarant Signature

REGISTERED NURSE
Declarant Title

[Signature]
Witness Signature

6/28/08
Date



Montevista Hospital

Date 3/6/09

To: Las Vegas Municipal Court

Re: Brian Katz

This is to inform you that Mr. Katz was admitted to Montevista Hospital for Opiate/Marijuana Dependency on 03/02/09 and discharged on 03/06/09. During his stay he attended all assigned groups and lectures and completed all goals. He displayed a positive attitude towards his recovery and has accepted full responsibility for his behavior. Prognosis on this patient is good based upon his following his relapse prevention plan which includes our Intensive Outpatient Program of 3 hours a day for 20 days.

If you require any further information please feel free to contact me at (702) 364-1111 release of information on hand.

Respectfully submitted


Larry Espadero LADC 00318L
Program Director



Baker Law Offices

Lloyd W. Baker And Associates

May 21, 2009

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

*RE: The City of Las Vegas vs. Brian Katz
Case No.: C722417 A/B/C
Balance \$900.00*

Dear Mr. Katz:

We have been trying to reach you regarding the above-mentioned balance. Per your retainer, your payment is now late. Please call our office to advise when you will be making the payment. If we do not hear from you within five (5) days from the date of this notice, we will start a Motion to Withdraw on your case. If you have already made this payment, please disregard this notice.

Please feel free to call our office with any questions that you may have.

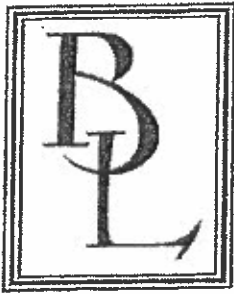
Respectfully,

BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

LB/ss

500 South Eighth Street •, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234



Baker Law Offices

Lloyd W. Baker And Associates

April 7, 2009

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: The City of Las Vegas vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz:

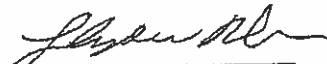
Please be advised that your Trial date is scheduled for July 16, 2009, at 2:30 P.M., in the Las Vegas Municipal Court, Department 4. **Your presence is required on this date.** If you do not appear on this date, a warrant will be issued for your arrest.

We will begin negotiations within a week of the Trial date. As soon as we have a good deal negotiated we will contact you immediately to inform you of it.

Please feel free to call my office with any questions that you may have.

Respectfully,

BAKER LAW OFFICES


LLOYD W. BAKER, ESQ.

LB/ss

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234



Baker Law Offices

Lloyd W. Baker And Associates

March 16, 2009

FINAL NOTICE

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE: *The City of Las Vegas vs. Brian Katz*
Case No.: C722417 A/B/C
Balance \$1,100.00

Dear Mr. Katz:

We have sent you several notices regarding your outstanding balance. Per your retainer, your payment is now late. Please call our office to advise when you will be making the payment. If we do not hear from you within five (5) days from the date of this notice, we will start a Motion to Withdraw on your case. If you have already made this payment, please disregard this notice. Please note, this is the final notice.

Please feel free to call our office with any questions that you may have.

Respectfully,

BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

LB/ss

500 South Eighth Street •, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234



Baker Law Offices

Lloyd W. Baker And Associates

February 2, 2009

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE: *The City of Las Vegas vs. Brian Katz*
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that your Pre-trial hearing has been scheduled for April 6, 2009, at 2:00 P.M. in the Las Vegas Municipal Court, Department 4. **Your presence is required on this date.** If you do not appear on date a warrant may be issued for your arrest.

Please feel free to call my office with any questions that you may have.

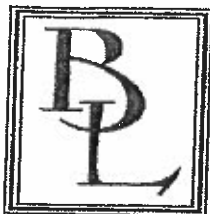
Respectfully,

BAKER LAW OFFICES


DANIEL PAGE, ESQ.

DP/ss

500 South Eighth Street •, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234



Baker Law Offices

Lloyd W. Baker And Associates

REQUEST FOR DISCOVERY

February 2, 2009

VIA FACSIMILE ONLY (702) 464-2530

Office of the City Attorney
City of Las Vegas
200 Lewis Avenue
Las Vegas, Nevada 89101

*Discovery sent
already.*

RE: *City of Las Vegas vs. Brian Katz*
Case No.: C722417 A/B/C
Department: 4

To Whom It May Concern:

This correspondence will verify that the undersigned has been retained to represent the Defendant, Brian Katz, in the above-referenced matter being prosecuted before the Las Vegas Municipal Court.

Counsel: LLOYD W. BAKER, ESQ.
Law Firm: BAKER LAW OFFICES
Address: 500 South Eighth Street, Las Vegas, Nevada 89101
Contact Info: Tel (702) 360-4949 Fax (702) 360-3234

Please provide Discovery in the above-referenced matter which is scheduled for Pre-trial on April 6, 2009.

PLEASE INCLUDE ANY AND ALL 911 RECORDING, if available
PLEASE INCLUDE ANY VIDEO MATERIALS, if available.

Respectfully Submitted By,

BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

Upon Completion, please contact Maggie.
LB:me

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234

IN THE LAS VEGAS MUNICIPAL COURT FOR THE CITY OF LAS VEGAS, COUNTY OF CLARK, STATE OF NEVADA

DRIVING UNDER THE INFLUENCE ADVISEMENT AND WAIVER OF RIGHTS

Defendant's Initials

- ☐ I understand I have been charged with [1st] [2nd] offense DUI in violation of NRS 484.379.
- ☐ I understand the City must prove each and every element of the charges beyond a reasonable doubt.
- ☐ I understand the prosecutor will use this and any other constitutionally valid prior conviction of this type of offense to enhance the penalty for any subsequent offense.
- ☐ I understand that I have a right to hire an attorney and I (Check one of the following:)
- ☐ have my attorney present with me and he/she has gone through this document with me; or
- ☐ waive and give up my right to an attorney and wish to represent myself in this case; or
- ☐ wish to have a continuance so that I can consult with and/or try to hire an attorney to represent me.
- ☐ I understand that I have the right to be confronted by the witnesses against me and to have an opportunity to cross examine them.
- ☐ I understand that I have the right to subpoena and call witnesses to the stand to testify in my behalf.
- ☐ I understand that I may testify in my behalf, or refuse to testify and that if I refuse, that refusal cannot be held against me.
- ☐ I understand the following punishments:

I understand that, for any DUI offense, if I underwent either a blood or breath test, I must also be assessed and fined a fee of no more than \$60 for chemical analysis. I understand that if I am pleading to a second offense, or if my blood alcohol level was .18% or more, or if I am under the age of 21 years, I will be referred to an Evaluation Center at a cost to me of \$100 for a pre-sentence report. I further understand if I am pleading to a second offense, or I have a concentration of alcohol of 0.18% or more in my blood or breath, the Court must order me to attend a program of treatment for the abuse of alcohol or drugs. The treatment ordered by the Court is not to exceed a period of one (1) year. I understand the Court may order, at my expense, installation of a breath interlock device for 3 to 36 months in any vehicle which I own or operate. If I am convicted of DUI, in addition to the criminal penalty, I understand that I will owe the State a \$35 civil penalty payable to the DMV.

1st OFFENSE: At least 2 days in jail but not more than 6 months, or not less than 48 hours but not more than 96 hours of community service in distinctive garb; a fine of not less than \$400 nor more than \$1,000 plus assessments; pay tuition for an educational course on the abuse of alcohol and controlled substance and successfully complete the course within the time ordered by the Court; attend a victim impact panel session at my own expense; and my driver's license will be revoked by the Department of Motor Vehicles for a period of at least 90 days.

2nd OFFENSE in 7 years: At least 10 days in jail but not more than 6 months; a fine of not less than \$750 nor more than \$1,000 plus assessments, or perform an equivalent number of hours of community service while dressed in distinctive garb; attend a program of treatment for the abuse of alcohol or drugs; and my driver's license will be revoked by the Department of Motor Vehicles for a period of one year.

3rd OFFENSE in 7 years: A category B felony punishable by a sentence of imprisonment in the Nevada State Prison for not less than 1 year nor more than 6 years and a fine of not less than \$2,000 nor more than \$5,000 plus assessments; attend a victim impact panel session at my own expense; and my driver's license will be revoked for a period of three years.

I have read my rights above and understand what I have read.

I also understand that if and when I plead guilty or nolo contendere I waive my rights as stated above.

I understand that, within the sentencing limits stated herein, the sentence is entirely within the discretion and control of the Judge and that nobody can promise or predict what sentence the Court will impose.

(Only where plea is nolo contendere) I understand that although a nolo contendere plea is not an admission of guilt, the Court in all probability will find and adjudge me guilty based upon the documents in this case, and I plead nolo contendere.

Having all of the foregoing factors in mind, I still desire to enter my plea of guilty or my change of plea from not guilty to guilty.

Defendant's Signature

Initials

Social Security Number

Date of Birth

Date

I am the attorney of record for Defendant. I have fully discussed the matters herein with Defendant and advised Defendant thereon. The representations above are Defendant's own. The plea and waivers were intelligently, voluntarily and expressly made. I join in the plea and waiver. I stipulate there is a factual basis for the plea.

Attorney at Law

Date

I have addressed Defendant personally and canvassed Defendant on the above to include the elements of this offense as supported by the facts, the possible penalties, and Defendant's Constitutional Rights. I find the plea of guilty/nolo contendere is made voluntarily and with an understanding of the nature of the charge and consequences of the plea and order the plea be entered into the minutes of the Court.

Las Vegas Municipal Court Judge

Date

CASE # C0722417B

DEPARTMENT 4

ID # 2668821

IN THE MUNICIPAL COURT IN THE CITY OF LAS VEGAS, NEVADA

CITY OF LAS VEGAS, NEVADA

PLAINTIFF

VS. KATZ, BRIAN

DEFENDANT

ACKNOWLEDGMENT AND WAIVER OF RIGHTS

I, THE ABOVE-NOTED DEFENDANT, DO UNDERSTAND AND/OR HEREBY CERTIFY THE FOLLOWING: THAT,

1. I am charged with the misdemeanor crime of

POSSESS DRUG PARA

, and I waive the reading of such complaint.

2. The maximum penalties for misdemeanor offense in the State of Nevada are fine of \$1,000.00, \$115.00 Administrative Assessment Fees, \$10.00 Court Fee, a \$7.00 Specialty Court Fee, and/or up to six months in jail, and that the matter of sentencing is entirely within the discretion of the Court and no one can promise or predict what sentence the Court will impose.
3. I have the right to retain counsel or to have counsel appointed to represent me free of charge (if I qualify as an indigent person, and may be facing jail time if convicted herein).
4. I am capable of representing myself in this case now before the Court, and that I know, understand, and accept the consequences and disadvantages of representing myself.
5. I have the right to a speedy and public trial, free of prejudicial publicity, and that at trial:
- A the prosecutor would have to prove beyond a reasonable doubt every one of the material elements of the offense which I understand are set forth in the complaint/citation, and
 - B I would have the right to confront witnesses and call/subpoena witnesses to testify on my behalf, and
 - C I would be able to testify on my own behalf, or I could take the fifth and remain silent and such silence could not be used against me.
6. I am entering this plea freely, voluntarily, intelligently, and without there being any threats to myself, family members, and friends.
7. I understand that I have a right to appear in Court on the above charge; however, I wish instead at this time to have my presence waived so that I may enter my plea in writing by and through the present document. I am willing to accept whatever sentence the Court may impose.
8. (ONLY CHECK ONE) I am pleading:
- a) _____ guilty, because I am guilty, or
 - b) _____ nolo contendere, because I do not wish to contest the charge set forth in the complaint/citations, or
 - c) _____ not guilty, and I wish to have this case calendared for the next proceeding.

HAVING THE ABOVE FACTORS IN MIND AND AFTER DUE DELIBERATION AND KNOWING THE CONSEQUENCES, I DO FREELY, VOLUNTARILY, AND INTELLIGENTLY WAIVE/GIVE UP THE RIGHTS SET FORTH HEREIN AND ASK THE COURT TO ACCEPT MY PLEA.

Defendant or Attorney

Date

Notary or Correctional Officer (& P #) Witness
to defendant signing

Date

**LAS VEGAS MUNICIPAL COURT
CLARK COUNTY, NEVADA**

**POSSESSION OF 1 OUNCE OR LESS OF MARIJUANA
ADVISEMENT AND WAIVER OF RIGHTS**

Defendant's Initials

_____ I understand I have been charged with [1st] [2nd] offense possession of 1 ounce or less of Marijuana.
_____ I understand the City must prove each and every element of the charges beyond a reasonable doubt.
_____ I understand the prosecutor will use this and any other constitutionally valid prior conviction of this type of offense to enhance the penalty for any subsequent offense.
_____ I understand that I have a right to hire an attorney and I (Check one of the following)
_____ have my attorney present with me and he/she has gone through this document with me; or
_____ waive and give up my right to an attorney and wish to represent myself in this case; or
_____ wish to have a continuance so that I can consult with and/or try to hire an attorney to represent me.
_____ I understand that I have the right to be confronted by the witnesses against me and to have an opportunity to cross examine them.
_____ I understand that I have the right to subpoena and call witnesses to the stand to testify on my behalf.
_____ I understand that I may testify on my behalf, or refuse to testify and that if I refuse, that refusal cannot be held against me.
_____ I understand the following punishments:

1st OFFENSE: Punished by a fine of not more than \$600.00; or examined by an approved facility for the treatment of abuse of drugs to determine whether I am a drug addict and I am likely to be rehabilitated through treatment and, if the examination reveals that I am a drug addict and I am likely to be rehabilitated through treatment, assigned to a program of treatment and rehabilitation pursuant to NRS 453.580; or

2nd OFFENSE: Punished by a fine of not more than \$1,000.00 or assigned to a program of treatment and rehabilitation pursuant to NRS 453.580; or

3rd OFFENSE: Guilty of a gross misdemeanor and shall be punished by imprisonment in the County Jail for not more than 1 year, or by a fine of not more than \$2,000.00, or both fine and imprisonment pursuant to NRS 193.140; or

4th OFFENSE or subsequent offense: Guilty of a category E felony for which a court shall sentence a convicted person to imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 4 years pursuant to NRS 193.130.

I have read my rights above and understand what I have read.

I also understand that, if and when I plead guilty or nolo contendere, I waive my rights as stated above.

_____ I understand that, within the sentencing limits stated herein, the sentence is entirely within the discretion and control of the Judge and that no one can promise or predict what sentence the Court will impose.

_____ **Plea is nolo contendere:** I understand that although a nolo contendere plea is not an admission of guilt, the Court in all probability will find and adjudge me guilty based upon the documents in this case and I plea nolo contendere.

_____ **Plea is guilty:** Having all of the foregoing factors in mind, I still desire to enter my plea of guilty or change my plea from not guilty to guilty.

Defendant's Signature

Initials

Social Security No.

Date of Birth

Date

I am the attorney of record for Defendant. I have fully discussed the matters herein with Defendant and advised Defendant thereon. The representations above are Defendant's own. The plea and waivers were intelligently, voluntarily and expressly made. I join in the plea and waiver. I stipulate there is a factual basis for the plea.

Attorney at Law

Date

I have addressed Defendant personally and canvassed Defendant on the above to include the elements of this offense as supported by the facts, the possible penalties, and Defendant's Constitutional rights. I find the plea of guilty/nolo contendere is made voluntarily and with an understanding of the nature of the charge and consequences of the plea and order the plea be entered into the minutes of the Court.

Las Vegas Municipal Court Judge

Date



Baker Law Offices

Lloyd W. Baker And Associates

September 24, 2008

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE: City of Las Vegas vs. Brian Katz
Case No.: C722417 A/B/C

Dear Mr. Katz:

We appeared on September 23, 2008, on your behalf for your scheduled arraignment. We were informed that a Complaint has not yet been filed against you, so we were unable to enter a plea. This is normal with DUI charges due to the blood/breath laboratory results.

The Court scheduled a new date for January 29, 2009, at 1:00 p.m., in the Las Vegas Municipal Court, Department 4, located in the Regional Justice Center at 200 Lewis Avenue.

Thank you for putting your trust in us as your attorneys. We welcome referrals. If you, a family member or a friend needs legal assistance, please call us. We handle all criminal and personal injury cases. Additionally, we handle all non-criminal traffic citations free of charge.

Please feel free to call my office with any questions or concerns that you may have.

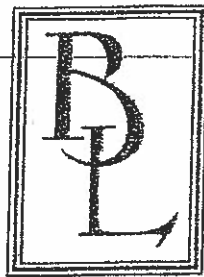
Respectfully,

BAKER LAW OFFICES


LLOYD W. BAKER, ESQ.

LB:me

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234



Baker Law Offices

Lloyd W. Baker And Associates

September 18, 2008

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

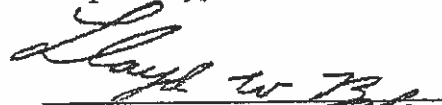
RE: Credit Card Payment

Dear Katz:

Enclosed please find receipt number 503679 in the amount of \$200.00 which represents payment to Baker Law Offices. Per your authorization, your credit card has been debited as a payment in the above-referenced amount. Therefore, please sign the enclosed authorization and mail it back to our office in the pre-paid envelope here provided.

Thank you for your payment and your unconditional trust, and should you have any questions, feel free to contact our office so we may further assist you.

Respectfully,


LLOYD W. BAKER, ESQ.

////

////

////

////

BRIAN KATZ
September 18, 2008
Page 2

RE: AUTHORIZATION

I _____, authorized Maggie, an employee
(Print - Card holder's name)

of *Baker Law Offices* to debit from my account (XXXX-XXXX-XXXX-2328) the amount of \$200.00 on September 18, 2008 as a one time payment, with a new balance of \$1,100.00.

(CARD HOLDER SIGNATURE)

LB:me
Enclosure

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234

BAKER LAW OFFICES, P.C.
500 South Eighth Street
Las Vegas, NV 89101
Phone: (702) 360-4949
Fax: (702) 360-3234

CONTRACT FOR RETAINER OF LEGAL SERVICES

The undersigned client hereby employs the law firm of BAKERLAW OFFICES to represent client

Brian Katz with regard to Put based upon the following terms and conditions.
+ 1st check. Payment not under case.

As compensation for these services, the undersigned client agrees to pay the law firm of BAKER
LAW OFFICES a retainer fee of 1500 in advance as attorney's fees, plus all costs incurred.
ALL RETAINERS ARE NON-REFUNDABLE.

Client agrees to pay \$ 200 every 4 week(s) until retainer agreement is satisfied. Client
acknowledges that \$ 200 has been put down on their retainer and now has a balance owing in the
mount of \$ 1300. ALL RETAINERS MUST BE PAID IN FULL AT LEAST 2 WEEKS
PRIOR TO THE PRE-TRIAL HEARING. THE RETAINER QUOTED FOR MISDEMEANOR
CHARGES IS THROUGH THE PRE-TRIAL HEARING. FOR GROSS MISDEMEANOR AND
FELONY CHARGES, THE RETAINER IS THROUGH THE PRELIMINARY HEARING ONLY.
ADDITIONAL CHARGES WILL BE REQUIRED FOR DISTRICT COURT ARRAIGNMENT,
TRIAL, AND/OR MORE THAN ONE STATUS CHECK.

The client shall be responsible for all costs incurred herein, whether or not they have been advanced
by the attorneys. In the event the attorneys advance costs on the client's file, the client will reimburse the
attorneys for such costs upon request by the attorneys, whether or not the attorneys' services have been
completed.

Any fees or costs billed to client and remaining unpaid for 10 days, shall be cause for
termination of this Agreement by attorneys and commencement of legal proceedings to collect the
same. In the event such collection procedures become necessary, client agrees to pay attorneys all
reasonable costs of such collection including, but not limited to, reasonable attorney's fees.

In addition, upon attorney's written notice of default under this Agreement to client, client agrees that attorneys may withdraw thereafter unilaterally from representing client and may notify all pertinent courts and other parties of such withdrawal.

The right of termination and withdrawal may be exercised at any stage of representation and client hereby waives any right to object to allegedly untimely withdrawal by attorneys.

Client acknowledges that the attorneys have made no guarantee regarding the successful outcome of said matter and all expressions thereto are matters of opinion only.


I have read and fully understood the above contract and agree to the terms set forth therein.

DATED this 25 day of July, 2008.


SIGNATURE

Brian Katz
PRINT NAME

WITNESSED:


ATTORNEY

DATE

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440
PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: **\$40.00** - (non-refundable)

Complete Name (no abbreviations):

First: Vanessia Middle: C Last: Kyles

Home Address: 8025 W. Russell Rd Apt #: 2052

City: Las Vegas State: NV Zip Code: 89113

Tele: _____ Social Security Number: _____

Date: _____ Place of Birth: Gardena, CA Sex: M or (F)

E-mail Address: vanessiakyles@yahoo.com

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate line and include documentation.

- ☐ I have completed a pharmaceutical technician program or school approved by the board. (Include copy of certification of completion.)
- ☒ I am currently registered as a pharmaceutical technician in another state. (Include copy of registration or verification letter from the state in which you are registered.)

- 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 County: Riverside CA State: _____ Date: _____ Case #: _____
Orange 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 and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: Vanessia Kyles Date: 4.13.2011

Board Use Only
Received: APR 27 2011 Check Number: 100 Amount: 40.00

56656

ARREST NBR : MV06099220 ARREST DATE : 4/09/00
ARREST AGY : RIV SHERIFF (COUNTY) RIV
Defendant : KYLES, VANESSIA CHERON Defn : 1 of 1
AKA : KYLES, VANESSA CHARON

=====
Date Filed : 06/24/06

District Attorney : Alan Smith Continuances: 20
Defense Attorney : DPD William Glanzmann Age in Days : 0
Custody Status : N/A - Bail: 5,000.00 Last Trial : 06/27/07

Charge Information

Ct Plea Status Sex
001 ARREST 594(B)(2)(A) PC Vandalism [Under \$400.00] None M
001 FILED 594(B)(2)(A) PC Vandalism [Under \$400.00] None Dismiss M
002 FILED 273.6(A) PC Violate Court Order to Prevent G Convict M
Domestic Violence

Disposed Cases

Case Number Expires Convicted/Warrant Charges Status
RIM487528 03/19/10 273.6(A) PC Probation
62439QVK 00/00/00 22349A VC, 1214.1 PC Closed
369331VK 00/00/00 26708A1 VC, 24409A VC, 1214.1 PC, 1214.1(A) PC Closed
03463RWVK 00/00/00 22349A VC, 1214.1 PC Pend Adj

TTP Status Fine Amount Amount Paid Amount Due Date To Pay
N/A \$1,065.00 \$585.00 \$480.00 05/01/09

Collection Status
N/A

Bail Information

Bond Number Amount Date Filed Status
A500293717 \$5,000.00 09/21/06 Exonerated

Criminal Protective Order/Firearm Surrender (DV)

Date Type Status Expire

Warrant Information

Type Date Issued Status Bail Affidavit
Bench 11/13/07 Recalled Amount \$5,000.00 Date 00/00/00

Case Action Information

Action Div Description Status

CASE NUMBER: RIM487528 DEFENDANT STATUS: Probation
ARREST NBR : MV06144443 ARREST DATE: 5/24/06
ARREST AGY : MORENO VALLEY POLICE (RSO)
Defendant .: KYLES, VANESSIA CHERON Defn : 1 of 1
AKA: KYLES, VANESSA CHARON
=====

Date Filed : 08/21/06

District Attorney : David Allen Continuances: 16
Defense Attorney : PVT Jorge Hernandez Age in Days : 181
Custody Status ...: N/A - Bail: 5,000.00 Last Trial ..: 03/22/07

Charge Information

Ct Plea Status Se
001 ARREST 273A(A) PC Willful Harm Injur Child Endge None F
personal health
001 FILED 273A(B) PC Abuse/Endanger Child NG Dismiss M
002 FILED 273.6(A) PC Violate Court Order to Prevent G Convict M
Domestic Violence

Disposed Cases

Case Number Expires Convicted/Warrant Charges Status
RIM484520 01/09/10 273.6(A) PC Probatic
62439RQVK 00/00/00 22349A VC, 1214.1 PC Closed
369331VK 00/00/00 26708A1 VC, 24409A VC, 1214.1 PC, 1214.1(A) PC Closed
03463RWVK 00/00/00 22349A VC, 1214.1 PC Pend Adj

TTP Status Fine Amount Amount Paid Amount Due Date To Pay
N/A \$265.00 \$265.00 01/22/08

Collection Status

N/A

Bail Information

Bond Number Amount Date Filed Status
A500288690 \$5,000.00 09/21/06 Exonerated

Criminal Protective Order/Firearm Surrender (DV)

Date Type Status Expire

Warrant Information

Type Date Issued Status Bail Affidavit
Arrest 09/06/06 Recalled Amount Date
\$5,000.00 00/00/00

COUNTY OF ORANGE DOCKET REPORT

Case : 02SM02488 M A

Name : Kyles, Vanessa Cheron

Date of Action	Seq Nbr	Code	Text
07/05/02	1	CVCTFIL	COUNT 1 FILED, PC 529.5(C) - POSSESSION OF A BOGUS GOVERNMENT DOCUMENT. 06/23/02
	2	CVCTFIL	COUNT 2 FILED, PC 148.9 - FALSE REPRESENTATION OF IDENTITY TO POLICE OFFICER. 06/23/02
	3	CVFIMSD	Case filed 07/05/02: Misdemeanor
	4	CVUPDAT	Field CITATION updated
	5	CVDFNAM	Defendant name recorded as KYLES VANESSIA CHERON N
	6	CVUPDTF	Field NAME-AKA updated from .
	7	CVBLTRP	0207110487 63547 500.00 BAIL POSTED BY MICHELLE SMALLWOOD 10393 POULSON CT MONTCLAIR CA917630000. BAIL AUTHORIZED FOR FINE USE - NO.
	8	CVBLTCW	Receipt # 0207110487 \$ 500.00 cash bail attached to case.
	9	CVPYREC	Receipt # 0207110487 Payment of \$ 500.00 attached to case.
	10	CVPYRMT	Receipt # 0207110487 \$ 500.00 SB
	11	CVBLSBA	Receipt # 0207110487 63547 \$ 500.00 payment received from Sheriff's Department. NSGJ
	12	CVDFSTS	Defendant's status of release is: RELEASE ON BAIL.
	13	CVCLSET	ARRAIGNMENT set for Department S1 on 07/22/02 at 08:30 AM.
07/13/02	1	CVUPDAT	Field MAND-APPR-IND updated
07/22/02	1	CVHHELD	Case on Calendar for ARRAIGNMENT.
	2	CVOFICL	Department S1, JUDGE MATTHEW S. ANDERSON, Clerk P. ROSSNER, Prosecuting Attorney , Defense Attorney , Court Reporter
	3	CVAPDA	People represented in court by BILL SPARKS, Deputy District Attorney.
	4	CVAPDPP	Defendant appearing in pro per.
	5	CVADAPR	Defendant informed of right to a speedy and public trial by court, or jury if charged with a misdemeanor, within the periods prescribed by PC 1382, the court specifying said periods; to the aid of the court in producing witnesses and physical evidence in the defendant's behalf; to be confronted by the witnesses; to refuse to be a witness against him or her self; to be admitted to reasonable bail; if charged with a misdemeanor, to the aid of counsel at every stage of the proceedings and at public expense if financially unable to provide own attorney. Defendant informed of the charges. Unless recorded otherwise, defendant states true name is as charged. * Defendant advised that if not a citizen, conviction of the offense charged may have the consequences of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States. * The court inquired and determined that the defendant intelligently understood these rights and the nature of the crime of which he or she is accused.
	6	CVFISXR	Written explanation of rights signed by defendant and filed.
	7	CVBLXCB	CASH BAIL in the amount of \$ 500.00 on receipt # 0207110487 ordered EXONERATED.
	8	CVPLGAC	The defendant pleads GUILTY TO ALL COUNTS charged.
	9	CVWVCR	Defendant expressly waives his/her right to be represented by counsel.

Name: Kyles, Vanessa Cheron

Case: 02SM02488 M A

COUNTY OF ORANGE
DOCKET REPORT

Case : 02SM02488 M A

Name : Kyles, Vanessa Cheron

Date of Action	Seq Nbr	Code	Text
07/22/02	10	CVWVRXC	Defendant expressly waives right to a jury trial, to be confronted with prosecution witnesses in the presence of the court, and the privilege against self-incrimination.
	11	CVWVR3	After questioning, court finds defendant knowingly, intelligently and understandingly waives each of the above stated rights necessarily abandoned by his/her plea, that such plea is voluntary and with knowledge of the consequences thereof.
	12	CVWWIGP	Defendant's waiver of constitutional rights for guilty plea in the Superior Court filed and incorporated herein by reference as though set forth in full.
	13	CVSEISP	Imposition of sentence suspended as to COUNT(s) 1, 2 and defendant placed on CONDITIONAL PROBATION for a period of 3 YEAR(S) from this date on the following terms and conditions.
	14	CVSEVNL	Violate no law. YES
	15	CVPBOTH	Obey all orders of the court.
	16	CVPBOTH	Obey all rules of probation Department, Court and jail.
	17	CVCOSAS	Submit your person and property, including any residence, premises, container or vehicle under your control to search and seizure at any time of the day or night by any law enforcement or probation officer with or without a warrant, and with or without reasonable cause, or reasonable suspicion. 1, 2
	18	CVPBOTH	Use true name and date of birth at all times.
	19	CVPBOTH	Carry valid identification at all times.
	20	CVSERPP	Reveal probation terms upon request of a Peace Officer.
	21	CVPBOTH	Stay away from all Staples stores in Orange County.
	22	CVSEFES	As to COUNT 1 defendant to PAY RESTITUTION FUND (1202.4 PC) in the amount of 100.00. Fee stayed to 09/20/02. YES
	23	CVSECS	As to COUNT(s) 1 defendant to COMPLETE 40 HOURS OF COMMUNITY SERVICE by 09/20/02.
	24	CVPBOTH	Defendant may complete her community service in San Bernadino.
	25	CVNT203	Pursuant to Section 1203.4 of the Penal Code, the defendant is informed he or she may petition the court to set aside this conviction if all the following conditions are met. * 1. The defendant fulfilled all the terms and conditions of this probation, or the probation is discharged pursuant to Section 1203.3 of the Penal Code. * 2. The defendant is not on a new term of probation or serving a sentence for another offense. * The defendant is not charged with the violation of any law. * If the petition is granted, the defendant is still obligated to disclose this conviction in response to any direct question contained in any questionnaire or application for public office, for licensure by any state or local agency, or for contracting with the California State Lottery. * Section 13555 of the Vehicle Code: "A termination of probation and dismissal of charges pursuant to Section 1203.4 or dismissal of charges pursuant to Section 1203.4(a) of the Penal Code does not affect any revocation or suspension of the person convicted to drive a motor vehicle under this chapter. Such person's prior conviction shall be considered a conviction for the purpose of revoking or suspending or otherwise limiting such a privilege on the ground of two or more convictions." Section VC 13555 applies only to convictions of the Vehicle Code.

COUNTY OF ORANGE DOCKET REPORT

Case : 02SM02488 M A

Name : Kyles, Vanessa Cheron

Date of Action	Seq Nbr	Code	Text
07/22/02	26	CVCRTJH	Court address for return correspondence: * SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE * HARBOR JUSTICE CENTER, LAGUNA NIGUEL FACILITY * 30143 CROWN VALLEY PARKWAY * LAGUNA NIGUEL, CALIFORNIA 92677
	27	CVTXCNT	Currently due \$ 100.00.
	28	CVGENNT	Court order PROBATION ORDER sent 2 1 2 SBX
	29	CVGENNT	Court order PROBATION ORDER sent 2 1 2 SBX
	30	CVMACST	Case status changed to ADJUD.
07/24/02	1	CVBLEXA	0207110487 request for bail refund of \$ 500.00 sent to Auditor-Controller.
07/27/02	1	CVMADOJ	INIT - TRANSACTION SENT TO DOJ.
10/03/02	1	CVPYRCV	0210030160 Payment of \$ 100.00 received. 100.00 NSBY 0 1
	2	CVPYREM	0210030160 100.00 M MO. 100.00
	3	CVPYFFE	0210030160 Payment applied to RESTITUTION FUND (1202.4 PC). 1 1 100.00
10/04/02	1	CVUPDAT	Field DT-DIST updated
10/08/02	1	CVWARVV	Case printed on Warrant Review List.
10/15/02	1	CVPBRVH	PROBATION REVOKED, cause set for arraignment for probation violation on 10/31/02 at 08:30 AM in Department S1. PROBATION REVOKED as to count(s) 1, 2.
	2	CVTXOTH	Failed to complete VAC hours by 9/20/02.hz.
10/23/02	1	CVTXOTH	Notice of non-compliance from VAC received and filed 10/23/02. cr.
10/31/02	1	CVHHELD	Case on Calendar for ARRAIGNMENT ON PROBATION VIOL..
	2	CVOFICL	Department S1, JUDGE MATTHEW S. ANDERSON, Clerk P. ROSSNER, Prosecuting Attorney , Defense Attorney , Court Reporter
	3	CVAPDPP	Defendant appearing in pro per.
	4	CVTROTH	Court finds defendant is not in violation of her probation.
	5	CVPBRNS	PROBATION is hereby REINSTATED. 1, 2
	6	CVFIPR	Proof of COMMUNITY SERVICE received.
	7	CVCORTE	The Court further orders the REMAINING TERMS and CONDITIONS of PROBATION shall REMAIN in EFFECT.
11/26/06	1	CSCLS	Case closed.
04/26/08	1	PBCMP	Case evaluated for expired probation(s). Probation updated for applicable grant(s) of probation.

CASE NUMBER: TSB702443
ARREST NBR : 0726785
ARREST AGY : S B POLICE DEPT/SB
Defendant : KYLES, VANESSIA CHERON
DEFENDANT STATUS: Closed
ARREST DATE : 7/18/07
Defn : 1 of 1

Date Filed : 10/12/07

District Attorney :
Defense Attorney :
Custody Status : N/A - Bail: 5,000.00
Continuances: 0
Age in Days : 0
Last Trial : 01/18/08

Charge Information

Ct
001 ARREST 14601.1(A) VC DRIVE WHILE LICENSE SUSPENDED Plea None Status S
001 FILED 14601.1(A) VC DRIVE WHILE LICENSE SUSPENDED G Convict
002 FILED 4000(A) (1) VC REGISTRATION FEES DUE G Convict
003 FILED 16028(A) VC FAILURE TO PROVIDE EVIDENCE OF G Convict
FINANCIAL RESPONSIBILITY
004 FILED 31 VC FALSE INFORMATION TO PEACE OFF None Dismiss

Disposed Cases

Case Number Expires Convicted/Warrant Charges Status
G088386VK 00/00/00 Closed
687133VK 00/00/00 I22350 VC, 1214.1 PC Closed
TTP Status Fine Amount Amount Paid Amount Due Date To Pa
N/A \$2,192.00 \$500.00 00/00/0

Collection Status
N/A

Warrant Information

Type Date Issued Status Bail Affidavit
Bench 01/08/09 Recalled Amount \$5,000.00 Date 00/00/00

Case Action Information

Action Div Description Status
4/26/10 S1 MODIFICATION OF PROBATION Dispo
COMMISSIONER MICHAEL A KNISH
Clerk: ANNE ELISARRARAZ
Bailiff S Snyder
Defendant present.
PROCEEDINGS
Action came on for Modification of Probation
DEFENSE Motion TO TERMINATE PROBATION is GRANTED.
Probation ordered terminated on 04/26/2010.

If you come back to 1ST FLOOR
Document Control
\$25/minute order plus \$.50 per
pg.

CASE NUMBER: TSB702443
ARREST NBR : 0726785
ARREST AGY : S B POLICE DEPT/SB
Defendant : KYLES, VANESSIA CHERON
DEFENDANT STATUS: Closed
ARREST DATE : 7/18/07
Defn : 1 of 1
=====

CUSTODY STATUS
Defendant Released.
Copy of Minute Order given to defendant.
===== MINUTE ORDER END =====

YOU ARE TO REPORT TO DEPARTMENT S1 AT 7:30 AM ON
04/26/2010.

4/27/09 NO SHOW RECEIVED - NEW COMMITMENT ISSUED 03/11/09

3/11/09 S14A MODIFICATION OF PROBATION Dispo
JUDGE JAMES M DORR
Clerk: Dianna Villa
Bailliff K PHILLIPS
Defendant present.

PROCEEDINGS
Action came on for Modification of Probation
DEFENDANT'S Motion FOR EXTENSION ON JAIL TIME is
GRANTED.

For all charges.
Probation is continued on original Terms and
Conditions with the following modification(s).
Term Number 3 is modified as follows:
03) Serve 17 days in a San Bernardino County Jail
facility,
with credit for time served, a matter of 0 days,
plus conduct credit pursuant to PC4019 and abide
by all rules and regulations of the facility
without the possibility of county parole.
Report to Glen Helen Rehabilitation Center on
04-03-09 BY 3:00PM.
Eligible for weekender/work release program.
Complete by 12/01/2009.
Commitment issued; Duplicate copy to defendant.
Commitment electronically transmitted to Glen
Helen.

Defendant accepts modification of terms and
conditions.

CUSTODY STATUS
Case custody - Probation.
Copy of Minute Order given to defendant.
===== MINUTE ORDER END =====

YOU ARE TO REPORT TO DEPARTMENT S14 AT 7:30 AM ON
03/11/2009.

2/26/09 S14A ARRAIGNMENT ON BW FOR VIOL OF PROB Dispo

CASE NUMBER: TSB702443 DEFENDANT STATUS: Closed
ARREST NBR : 0726785 ARREST DATE : 7/18/07
ARREST AGY : S B POLICE DEPT/SB
Defendant : KYLES, VANESSIA CHERON Defn : 1 of 1
=====

DOUGLAS N GERICKE
Clerk: Dianna Villa
Bailiff K PHILLIPS
Defendant present.

PROCEEDINGS

Action came on for Violation of Probation
Advisal of rights signed by Defendant and filed.
Defendant arraigned on Bench Warrant.
Bench Warrant discharged.

Defendant admits violation(s) of probation, as to
term(s) 3.
Defendant waives right to Vicker's Hearing.
Defendant is found to be in violation of Probation

For all charges.

Probation Reinstated.

Probation is continued on original Terms and
Conditions with the following modification(s).

Term Number 3 is modified as follows:

- 03) Serve 17 days in a San Bernardino County Jail
facility,
with credit for time served, a matter of 0 days,
plus conduct credit pursuant to PC4019 and abide
by all rules and regulations of the facility
without the possibility of county parole.
Report to Glen Helen Rehabilitation Center on
02-27-09 BY 10:00AM.
Eligible for weekender/work release program.
Complete by 12/01/2009.

Commitment issued; Duplicate copy to defendant.
Commitment electronically transmitted to Glen
Helen.

Defendant accepts modification of terms and
conditions.

CUSTODY STATUS

Case custody - Probation.

Copy of Minute Order given to defendant.

===== MINUTE ORDER END =====

Warrant was quashed locally by KMERC

1/16/09

Warrant sent to Sheriff's Office

Warrant ordered on 01/16/2009 at 13:53

1/08/09 S6

EX PARTE HEARING RE: REVOCATION OF PROBATION
COMMISSIONER M J TORCHIA

Dispo

7/07/10

SUPERIOR COURT OF CALIF COUNTY OF SAN BERNARDINO
CASE PRINT

Page:

CASE NUMBER: TSB702443
ARREST NBR : 0726785
ARREST AGY : S B POLICE DEPT/SB
Defendant : KYLES, VANESSIA CHERON
DEFENDANT STATUS: Closed
ARREST DATE : 7/18/07
Defn : 1 of 1

Clerk: ADRIENNE BILLINGS
Defendant NOT present.

It being alleged that defendant has failed to
comply with term 3 of his/her probation order.
Court orders Probation revoked.
Bench Warrant issued; Bail set at \$5000.00; MAY
NOT forfeit. Reason ALLEGED VIOLATION OF
PROBATION

Case Custody - Fugitive

===== MINUTE ORDER END =====

1/07/09

FAILURE TO COMPLY WORKSHEET AND BENCH WARRANT
PRINTED; SENT TO S6.

NOTICE OF FAILURE TO APPEAR FOR JAIL TIME FILED.

12/17/08

NO SHOW RECEIVED - NEW COMMITMENT ISSUED 111908

11/19/08 S6

MODIFICATION OF PROBATION

COMMISSIONER M J TORCHIA

Clerk: Steven Roth

Bailiff L SCOTT

14:16

Dispo

APPEARANCES

Defendant present.

PROCEEDINGS

Action came on for Modification of Probation

At request of defendant

Probation is continued on original Terms and
Conditions with the following modification(s).

For all charges.

Term Number 3 is modified as follows:

- 03) Serve 17 days in a San Bernardino County Jail
facility,
with credit for time served, a matter of 0 days,
plus conduct credit pursuant to PC4019 and abide
by all rules and regulations of the facility
without the possibility of county parole.
Report to Glen Helen Rehabilitation Center on
12/12/08 BY 3PM.
Eligible for weekender/work release program.
Complete by 06/01/2009.

Commitment issued; Duplicate copy to defendant.
Commitment electronically transmitted to Glen
Helen.

Defendant accepts modification of terms and

CASE NUMBER: TSB702443 DEFENDANT STATUS: Closed
ARREST NBR : 0726785 ARREST DATE : 7/18/07
ARREST AGY : S B POLICE DEPT/SB
Defendant : KYLES, VANESSIA CHERON Defn : 1 of 1
=====

conditions.

-
CUSTODY STATUS

Case custody - Probation.

Copy of Minute Order given to defendant.

===== MINUTE ORDER END =====

11/05/08

Fine Suspension of 35.00

Fine Suspension of 1657.00

S6

MODIFICATION OF PROBATION
COMMISSIONER M J TORCHIA
Clerk: JILL MERENDINO
Bailiff L SCOTT

Dispo

-
APPEARANCES

Defendant present.

-
PROCEEDINGS

Action came on for Modification of Probation

14:00

DEFENDANT REQUESTS JAIL TIME IN LIEU OF FINE.
Defendant's request is GRANTED.

-
For all charges.

Term Number 3 is modified as follows:

- 03) Serve 17 days in a San Bernardino County Jail facility, with credit for time served, a matter of 0 days, plus conduct credit pursuant to PC4019 and abide by all rules and regulations of the facility without the possibility of county parole, (Includes 17(\$1692.00 ORIGINAL BALANCE) days jail time in lieu of fine.)
Report to Glen Helen Rehabilitation Center on 11/21/08 BY 3PM.
Eligible for weekender/work release program.
Complete by 05/21/2009.

Sentence to run consecutive to ANY OTHER TIME.
Commitment issued; Duplicate copy to defendant.
Commitment electronically transmitted to Glen Helen.
Defendant accepts modification of terms and conditions.

-
CUSTODY STATUS

Case custody - Probation.

Copy of Minute Order given to defendant.

DISCASPRT
7/07/10

SUPERIOR COURT OF CALIF COUNTY OF SAN BERNARDINO
CASE PRINT

Page:

CASE NUMBER: TSB702443
ARREST NBR : 0726785
ARREST AGY : S B POLICE DEPT/SB
Defendant : KYLES, VANESSIA CHERON
DEFENDANT STATUS: Closed
ARREST DATE : 7/18/07

Defn : 1 of 1

MINUTE ORDER END

Warrant was quashed locally.

US200804250427

8/02/08 Fine Payment of 500.00 Received

4/25/08 Misdemeanor case extracted for payment

NN000000000000

1/04/08 FTP warning notice mailed per 1214.1(A) PC

12/30/07 FTP Warrant 8BH type automatically requested.

11/21/07 DMV Direct Update Disposition Abstract Completed

11/19/07 S6 ARRAIGNMENT
COMMISSIONER M J TORCHIA
Clerk: Steven Roth

Dispo

Defendant present.

PROCEEDINGS

Defendant is advised of Constitutional and
Statutory Rights.

Defendant gives TRUE NAME as charged.
Defendant Arraigned.

PLEA INFORMATION

Defendant pleads GUILTY as to Count(s) 1 2 3.
Stip Re: Judge Pro Tempore and Advisement of
rights; waiver and plea form filed.

DISMISSALS

Count(s) 4 dismissed in the interest of justice.

FINDINGS/ADVISALS:

The Court, after readvisement of each of these
rights, finds that the Defendant understands the
charge(s), the possible
penalties, right against self-incrimination, to
confront and cross examine witnesses, to a public
and speedy trial, to Jury
trial, to have an attorney present at all stages
of the proceedings and to the Public Defender if
indigent and to the
compulsory process of the court to subpoena
witnesses.

Court finds plea is based on fact.

CASE NUMBER: TSB702443 DEFENDANT STATUS: Closed
ARREST NBR : 0726785 ARREST DATE : 7/18/07
ARREST AGY : S B POLICE DEPT/SB
Defendant : KYLES, VANESSIA CHERON Defn : 1 of 1
=====

See findings in file.
Defendant is informed of his/her right to be
sentenced no earlier than six hours nor any later
than five days after he/she has entered his/her
plea of
GUILTY or NOLO CONTENDERE or found GUILTY. The
court finds that he/she knowingly, freely and
expressly waives that right.
Defendant waives formal arraignment for
pronouncement of judgment and states there is no
legal cause why judgment should not now be
pronounced.
Defendant waives time for Sentencing.

SENTENCING INFORMATION
For the charge(s): 1 2 3

PROBATION GRANTED

Pronouncement of Judgment is ordered withheld and
Conditional and Revocable Release is GRANTED for
a period of 36 month(s)
on the following Terms and Conditions:

- 01) Violate no law other than minor traffic.
- 02) Drive only when properly licensed and in
compliance with any restriction placed on your
driving privilege, and be properly insured
according to law.
- 00) Pay a fine of \$2157.00 to the Court;
plus STM000003500 collections fee ***
payable at a rate of \$60.00 per month
commencing 12/19/2007
- Payment Plan Notice
- 04) Victim Restitution Fine in the amount of \$110.00
included in fine.

Defendant accepts probation and is given a copy
of the Terms and Conditions.

CUSTODY STATUS

Case custody - Probation.
Copy of Minute Order given to defendant.

===== MINUTE ORDER END =====

10/17/07

SESSLIN AFFIDAVIT REQUESTED.

SESSLIN AFFIDAVIT FILED

FAST-TRACK COURTROOM ASSIGNMENT: S24

10/12/07

Jurisdiction set to SS by OTS310.

DISCASKT
7/07/10

SUPERIOR COURT OF CALIF COUNTY OF SAN BERNARDINO
CASE PRINT

Page:

CASE NUMBER: TSB702443
ARREST NBR : 0726785
ARREST AGY : S B POLICE DEPT/SB
Defendant : KYLES, VANESSIA CHERON
DEFENDANT STATUS: Closed
ARREST DATE : 7/18/07
Defn : 1 of 1
Citation Filed by CCOSM

Probation Information

Type	Granted Date	Expiration Date
Summary	11/19/07	4/26/10

- 01) Violate no law other than minor traffic. (TMVNL)
- 02) Drive only when properly licensed and in compliance with any restriction placed on your driving privilege, and be properly insured according to law. (062)
- 03) Serve 17 days in a San Bernardino County Jail facility, (001A)
with credit for time served, a matter of 0 days, (001B)
plus conduct credit pursuant to PC4019 and abide by all rules and regulations of the facility (001C)
without the possibility of county parole. (001D)
Report to Glen Helen Rehabilitation Center on 04-03-09 BY 3:00PM. (001EB)
Eligible for weekender/work release program. Complete by 12/01/2009. (001EE)
- 04) Victim Restitution Fine in the amount of \$110.00 included in fine. (TMVRI)

Bail Quote Info - Quote Date:00/00/00 Mandatory Appearance

**** No Local DMV data available for this case ****
**** END OF CASE PRINT ****

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440
PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable)

Complete Name (no abbreviations):

First: Trina Middle: Dela Last: Trinidad

Home Address: 905 E. Twain Ave Apt #: B-12

City: Las Vegas State: NV Zip Code: 89169

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Paramount CA. Sex: M or (F)

E-mail Address: N/A

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate line and include documentation.

- ☒ I have completed a pharmaceutical technician program or school approved by the board. (Include copy of certification of completion.)
- ☒ I am currently registered as a pharmaceutical technician in another state. (Include copy of registration or verification letter from the state in which you are registered.)

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 and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Trina Trinidad
Signature

4-23-11
Date

Board Use Only
Received: MAY 03 2011

Check Number: MO

Amount: 40.00

56752



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BOARD OF PHARMACY

Licensee Name: TRINIDAD TRINA DELA
License Type: PHARMACY TECHNICIAN
License Number: 101584
License Status: CLEAR [Definition](#)
Expiration Date: June 30, 2011
Issue Date: May 04, 2010
Address: 905 E TWAIN AVE APT B12
City: LAS VEGAS
State: NV
Zip: 89169
County: OUT OF STATE
Actions: No

Related Licenses/Registrations/Permits

No records returned

Public Disclosure

No information available from this agency

This information is updated Monday through Friday - Last updated: MAY-08-2011

Disclaimer

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[Back](#)

days of today's hearing. Board staff is given authority to approve application if this Order is complied with.

Second: Leo Basch

Action: Passed With One Negative Vote

D. Trina Trinidad

Trina Trinidad appeared and was sworn by President Boudreaux prior to answering questions or offering testimony.

Ms. Trinidad was requesting a pharmaceutical technician-in-training application to go to work at Rite Aid. Since her submission of the application Rite Aid has changed ownership and she has no opportunity for employment at this time.

Ms. Trinidad took a correspondence course and asked the Board if she could use that certificate for licensure. Since the correspondence course was not ACPE accredited it could not be considered.

When asked about the affirmative questions she answered on her application, she indicated that she spent 25 days in jail for traffic tickets. She had warrants out for her arrest and some of them were very old so she was jailed. Ms. Trinidad also indicated that she was charged with hitting her mother-in-law but she stated that she was cleared of those charges.

Since Ms. Trinidad has no managing pharmacist or store to work in, the Board can not accept her application for pharmaceutical technician-in-training. The Board directed staff to have Ms. Trinidad re-appear if she pursues a job as a PTT in the future.

12. Request for Correction to September 2007 Minutes – Non Appearance:

Robb Miller – Diabetic Life Supply

Robb Miller made a request to the Board to amend the September 2007 meeting minutes to remove the inference that Robert Maxwell stated that Diabetic Life Foundation was the parent company of Diabetic Life Supply. Diabetic Life Foundation is not the parent company of Diabetic Life Supply.

Board Action:

Motion: Ray Seidlinger moved to amend the September 2007 Board meeting minutes as referenced.

Second: Chad Luebke

Action: Passed Unanimously

1/08

Ms. Garcia stated that on her 18th birthday she was with someone that committed a crime by using someone else's credit card. Since that person was convicted she was considered guilty by association. Ms. Garcia was told that when she completed probation the conviction would be removed from her record.

Board Action:

Motion: Keith Macdonald moved to approve Ms. Garcia's application for pharmaceutical technician-in-training and have Ms. Garcia provide a copy of the document that verifies her testimony.

Second: Dave Wuest

Action: Passed Unanimously

C. Trina D. Trinidad

1/2006

Trina Trinidad appeared and was sworn by President Kellogg prior to answering questions or offering testimony.

Ms. Trinidad advised the Board that she had been offered a job with Smith's as a pharmaceutical technician-in-training. On her application she noted that she was once a student at Heritage College in the pharmaceutical technician program. Ms. Trinidad advised the Board that she was terminated from enrollment with Heritage because she failed to provide a urine analysis. She maintains that was not true and told the Board that she had gone to do the urine analysis, however she had an emergency and asked if she could come back later so she could leave to attend to her child. Ms. Trinidad said that when she returned close to midnight she was advised that she could not test.

Board Action:

Motion: Keith Macdonald moved to approve Ms. Trinidad's application for pharmaceutical technician-in-training.

Second: Katie Craven

Action: Passed Unanimously

7. Appearances:

A. Your Success Rx Report – Katie Johnson
Cale Batt
Dale Hawkins

Pharmacy Board

From: Steve Feaver [SFeaver@heritagecollege.com] **Sent:** Tue 12/11/2007 4:48 PM
To: Pharmacy Board
Cc:
Subject: RE: Trina Trindiad
Attachments:

Candy,

Trina Trinidad was a student at Heritage College in 2002. She was dismissed from the college for non-compliance regarding her drug screen. Trina did not return to complete the program and completed less than half of the curriculum before being dismissed. Trina met before the board about a year ago reapplying for licensure, claiming employment. My executive director and I appeared with documentation regarding her drug screen requested by Louis Ling. To make a long story short, she was not employed and was denied licensure.

Feel free to contact me if you need any further information.

Steve

From: Pharmacy Board [mailto:pharmacy@pharmacy.nv.gov]
Sent: Tuesday, December 11, 2007 3:37 PM
To: Steve Feaver
Subject: Trina Trindiad

Hi Steve,

I was wondering if you could tell me if Trina Trinidad completed the requirements for Heritage College. I know she attended the school in 2006.

Any information you can provide would be helpful. She is reapplying for licensure and I'm not sure if she should be a tech or tech in trainee.

Blank

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
**APPLICATION FOR AUTHORITY TO DISPENSE CONTROLLED SUBSTANCES
OR DANGEROUS DRUGS OR BOTH**

(This application can not be used by PA's or APN's)

Registration Fee: \$300.00 (non-refundable)

New Dispensing Location ☒

Address Change ☐

(Please check one)

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances (Nevada Controlled Substance Registration and DEA Registration required at the same address) or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

First: Yvonne Middle: Anne Last: Barry Degree: MD

Practice Name (if any): Mobile Medical Now, LLC.

Work Address: 3634 N Rancho Drive

City: Las Vegas

State: NV

Zip Code: 89130

Telephone: (702) 744-7111

Fax: (702) 645-1478

E-mail Address: abby@port-xray.com

Check Type of Practice:

Solo ☐

Partnership ☒

Clinic ☐

- 1) I have ☒ I have not ☐ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 2) I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.
- 4) I have ☒ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and provide an explanation:

a) Board Administrative Action and/or State: NV Date: 09/13/2010 Case Number: 10-7835-1

b) Criminal Action State: _____ Date: _____ Case Number: _____

County: _____ Court: _____

5) Are you familiar with the Nevada Laws that govern practitioners dispensing of controlled substances or dangerous drugs that include but are not limited to record keeping requirements, labeling requirements and that dispensing must be by the practitioner only and may not be delegated to office staff? Yes ☒ No ☐

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Signature [Signature]

4/26/2011

Date

Board Use Only

Received: 5-9-11

Check Number: 377

Amount: 300.00

22821
Revised 6/4/2007
1156



NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Name: Yvonne
Anne
BARRY
Address: 3150 N.
Tenaya
Way Ste.
600
Las Vegas
NV 89128
Phone: 7028699200

License Information

License Type: Medical Doctor
License Number: 7600 Status: Active-
Probation
Issue Date: 10/26/1995 Expiration Date: 6/30/2011

Scope of Practice

Scope of Practice: Family Practice

Education & Training

School: University of Toronto / Toronto, Canada
Medical
Degree\Certificate: Doctor
Degree
Date Enrolled:
Date Graduated: 6/11/1992
Scope of Practice:

School: University of Toronto / Toronto, Canada
Degree\Certificate: Internship
Date Enrolled: 6/15/1992
Date Graduated: 1/3/1993
Scope of Practice: Family Practice

School: LV Family Practice Residency Prog / Las Vegas,
NV
Degree\Certificate: Residency
Date Enrolled: 5/3/1993

Date Graduated: 10/16/1995
Scope of Practice: Family Practice

School: Family Practice
Degree\Certificate: American Board
Date Enrolled:
Date Graduated: 6/1/1996
Scope of Practice: Family Practice

**CURRENT CONDITIONS/RESTRICTIONS ON LICENSE AND
MALPRACTICE INFORMATION**

Current Conditions on License:

SETTLEMENT, WAIVER AND CONSENT AGREEMENT

September 10, 2010

On September 10, 2010 , a Settlement, Waiver and Consent Agreement was approved

and accepted by the Nevada State Board of Medical Examiners (Board), whereby,

Yvonne Barry, MD (Respondent) hereby agrees that an order may be entered by

the Board finding that the Respondent engaged in conduct that is grounds for

discipline pursuant to the Medical Practice Act to wit: one count willful failure to

comply with an order of the Board or committee designated by the Board to

investigate a complaint against a physician, a violation of NRS 630.3065(2)(a) as

set forth in Count I of the Amended Complaint; one count engaging in conduct

intending to deceive, a violation of NRS 630.306(2)(a) as set forth in Count II of

the Amended Complaint; one count engaging in conduct which is a violation of a regulation adopted by the State Board of Pharmacy, a violation of NRS 630.306(2)(c)

as set forth in Count IV of the Amended Complaint; and one count of obtaining, maintaining or renewing or attempting to renew a license by any false, misleading, inaccurate or incomplete statement, a violation of NRS 630.304(1) as sent forth in

Count V of the Amended Complaint. It shall be ordered that Respondent license to practice medicine in the state of Nevada be revoked, said revocation being stayed

and Respondent to be placed on **probation** for a period of **48 months** subject to the following terms and conditions:

a) Respondent's license shall be suspended for a period of 156 days, said

suspension running from the date of the summary suspension of Respondent's

license on April 8, 2010. Said summary suspension shall be lifted and Respondent's license to practice reinstated to the appropriate status;

b) Respondent shall remain in compliance with all terms of her contract with

the PRN-PRN program through Monte Vista Hospital in Las Vegas and complete the contract in full;

c) Respondent shall submit to random hair and urine screens at her own expense when requested by an employee of the Board. Any test that is positive for alcohol, controlled substances or dangerous drugs, other than prescribed by a treating physician or dentist, shall be considered a violation of this agreement. Failure to comply with any such request shall be deemed to be an automatic positive test;

d) Should Respondent be prescribed any controlled substances or dangerous drugs, by a treating physician or dentist, Respondent shall provide documentation

from the treating physician or dentist to the Compliance Officer with seventy-two (72) hours of the prescription or within ninety-six (96) hours should the prescription be provided on a weekend;

e) Respondent's practice shall be monitored by a proctor for six months upon reinstatement of her license. Respondent shall practice at the same location as

the proctor for at least two days per week during the time of the proctorship. The

proctor shall submit to the Compliance Officer a report once every thirty (30) days regarding any concerns or comments the proctor may have regarding Respondent's practice. Should the proctor indicate at the end of the six month period that they do not believe Respondent should practice without continued monitoring,

Respondent agrees to extend the period of monitoring for an additional period of six months;

f) Respondent shall inform any and all employers of the terms of this Agreement during the term of her probation;

g) Respondent shall complete forty (40) hours of community service related

to the practice of medicine, preferably within the school system or a community clinic, within six months of the date of acceptance of this Agreement by the Board.

Respondent shall submit a plan outlining her intended community service and

shall submit said plan for approval to the Compliance Officer within thirty (30)

days of the date of acceptance of this agreement;
h) Respondent shall provide to the Compliance Officer for the Board with the best method to contact her and shall maintain a current address and phone number with the Compliance Officer;
i) Respondent shall not violate any laws or regulations of the state of Nevada during the period of her probation;
j) Respondent shall be responsible for the reasonable costs of monitoring her compliance with this Agreement. Respondent shall receive quarterly invoices regarding any monitoring costs and shall remit said costs within thirty (30) days of the date of the invoice;
It is further ordered that Respondent shall reimburse the Board the reasonable costs and expenses incurred in the investigation and prosecution of this case, the current amount being \$10,613.05. Respondent shall be responsible for any

to the Nevada State Board of Medical Examiners within nine (9) months of the acceptance of this Agreement by the Board and Respondent shall make a payment of a minimum of \$1000 by the end of each month beginning the month this Agreement is accepted by the Board. It is further order that counts III and VI of the Amended Complaint shall be dismissed.
Settlement, Waiver and Consent Agreement: 8 pages

Board Actions

FORMAL DISCIPLINARY ACTION TAKEN BY THE NEVADA STATE BOARD OF MEDICAL EXAMINERS:

ORDER FOR SUMMARY SUSPENSION OF LICENSE

April 8, 2010

The Investigative Committee of the Nevada State Board of Medical Examiners filed an

Order for Summary Suspension against Yvonne Barry, M.D. pursuant to NRS 630.326(1). The Investigative Committee believes that due to Dr. Barry's known issues with drugs and/or alcohol and her continued pattern of non-compliance with her treatment contract and her unwillingness to address her drug and/or alcohol problems that the health, safety and welfare of the public is at imminent risk of harm and that a summary suspension of Dr. Barry's medical license is necessary to

remove said risk of imminent harm to the health, safety and welfare of the public. The license to practice medicine is hereby suspended until further order of the Investigative Committee or Board. pc.

Copies of Order: 3 pages

FORMAL COMPLAINT

April 22, 2010

The Investigative Committee of the Nevada State Board of Medical Examiners (Board) filed a formal complaint against Yvonne Barry, M.D. (Respondent) on April 22, 2010, charging Respondent with a violation of Nevada Revised Statute NRS 630.306(2); Count I: Respondent willfully failed to comply with an order of the Board by continually being non-compliant with the PRN-PRN agreement, program and related treatment as ordered. Count II: Respondent engaged in numerous instances of intending to deceive by her ongoing pattern of improper conduct of writing prescriptions in other's names for her own personal use and self-prescribing a controlled substance, a violation of NRS 630.306(2)(a). Count III: The continuous and chronic nature of Respondent's improper conduct demonstrates her dependency on controlled substances. Respondent has admitted to investigative staff members of the Board that she was writing fraudulent prescriptions for phentermine in order to satisfy her addiction to it; that she was arrested in the past for Driving Under the Influence; and, that she has done what she was accused of by the Board. Respondent's admitted conduct was for the purpose of satisfying her dependency on controlled substances. Respondent's three DUI arrests also demonstrate a problem with habitual intoxication from alcohol or dependency on controlled substances, a violation of NRS 630.306(10); Count IV: Respondent violated NRS 630.306(2)(c) when she engaged in conduct which is in violation of a regulation adopted by the State Board of Pharmacy; Respondent violated NAC 639.945(o), 639.752(o), and 639.752(2)(b)(2) when she prescribed a drug as a prescribing practitioner to a patient with whom she does not have a bona fide therapeutic relationship; Count V: Respondent failed to admit to the two Driving Under the Influence arrests, in 2003 and 2008, and on three separate biennial licensing renewal forms, 2005, 2007, 2009, is a violation of NRS 630.304(1); Count VI: Respondent's failure to report in writing the three Driving Under the Influence arrests, in 2003, 2008 and 2010, is a violation of NRS 630.306(12). jl

Complaint: 10 pages

FIRST AMENDED COMPLAINT

August 9, 2010

The Investigative Committee of the Nevada State Board of

Medical Examiners (Board) filed a formal complaint against Yvonne Barry, M.D. (Respondent) on August 9, 2010, charging Respondent with a violation of Nevada Revised Statute NRS 630.3065(2); Count I: Respondent willfully failed to comply with an order of the Nevada State Board of Medical Examiners by, among other things, continually being non-compliant with the PRN-PRN agreement, program and related treatment as ordered. Count II: Respondent engaged in numerous instances of intending to deceive by, among other things, her ongoing pattern of improper conduct of writing prescriptions in other's names for her own personal use and for self-prescribing a controlled substance. Count III: The continuous and chronic nature of Respondent's improper conduct demonstrates her dependency on controlled substances. Further, Respondent has admitted to investigative staff members of the Nevada State Board of Medical Examiners that she was writing fraudulent prescriptions for phentermine in order to satisfy her addiction to it; that she was arrested in the past for Driving Under the Influence; and, that she has done what she was accused of by the Nevada State Board of Medical Examiners. All of Respondent's admitted conduct was for the purpose of satisfying her dependency on controlled substances. Respondent's three DUI arrests also demonstrate a problem with habitual intoxication from alcohol or dependency on controlled substances. Count IV: Nevada Administrative Code Section 639.752(2)(b)(2), a regulation adopted by the Nevada State Board of Pharmacy, provides that prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship is unprofessional conduct and contrary to the public interest. Respondent violated the foregoing regulations and statute by, among other things, continually prescribing controlled substances to patients with which she didnot have a bona fide therapeutic relationship, discovered by the Respondent's failure to admit the two Driving Under the Influence arrests, in 2003 and 2008, on three separate biennial licensing renewal forms, 2005, 2007, 2009, is a violation of Nevada Revised Statute Section 630.304(1). Count VI: Respondent's failure to report in writing the Driving Under the Influence arrest, in 2010, is a violation of Nevada Revised Statute Section 630.306(12). First Amended Complaint: 9 pages

SETTLEMENT, WAIVER AND CONSENT AGREEMENT September 10, 2010

On September 10, 2010 , a Settlement, Waiver and Consent Agreement was approved and accepted by the Nevada State Board of Medical Examiners (Board), whereby,

Yvonne Barry, MD (Respondent) hereby agrees that an order may be entered by the Board finding that the Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act to wit: one count willful failure to comply with an order of the Board or committee designated by the Board to investigate a complaint against a physician, a violation of NRS 630.3065(2)(a) as set forth in Count I of the Amended Complaint; one count engaging in conduct intending to deceive, a violation of NRS 630.306(2)(a) as set forth in Count II of the Amended Complaint; one count engaging in conduct which is a violation of a regulation adopted by the State Board of Pharmacy, a violation of NRS 630.306(2)(c) as set forth in Count IV of the Amended Complaint; and one count of obtaining, maintaining or renewing or attempting to renew a license by any false, misleading, inaccurate or incomplete statement, a violation of NRS 630.304(1) as set forth in Count V of the Amended Complaint. It shall be ordered that Respondent license to practice medicine in the state of Nevada be revoked, said revocation being stayed and Respondent to be placed on probation for a period of 48 months subject to the following terms and conditions:

- a) Respondent's license shall be suspended for a period of 156 days, said suspension running from the date of the summary suspension of Respondent's license on April 8, 2010. Said summary suspension shall be lifted and Respondent's license to practice reinstated to the appropriate status;
- b) Respondent shall remain in compliance with all terms of her contract with

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

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

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

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
Please provide current license number if making changes:

FACILITY INFORMATION

Facility Name: Amador Medical, LLC.

Physical Address: 7320 Smoke Ranch Rd, Ste H Las Vegas NV 89
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2701 N Rainbow Blvd #1232

City: Las Vegas State: NV Zip Code: 89108

Telephone Number: 702-239-2556 Fax Number: N/A

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

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: closed Sun: closed Holidays: closed

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

Name: Andrina Vasquez-Sanchez

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

Board Use Only

Received JUN 23 2011 Check Number MO Amount 500 -

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Corporation Name: Amador Medical, LLC.

Mailing Address: 2701 N Rainbow Blvd #1232

City, State and Zip: Las Vegas NV 89108

Telephone Number: 702.239.2554

Fax Number: N/A

License Contact Person: Andrina Vasquez

Professional Compliance Contact Person: Andrina Vasquez

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

Officer or director name

Officer or director title

Andrina Vasquez

Manager

For any corporation non publicly traded, disclose the following:

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

a) N/A

Name

Address

b) N/A

Name

Address

c) N/A

Name

Address

d) N/A

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. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporations stock register evidencing the above information.

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

N/A

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

N/A

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒ 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) Monica Khamtrashyan 1400 S Decatur Blvd
Name Address

Easy Life Medical Equipment Las Vegas NV 89102
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.

Andrina M Vasquez
Signature of corporation officer

06-16-2011
Date

ANDRINA VASQUEZ MANAGER
Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 06-18-11

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for Durable Medical Equipment Prosthetics, orthotics

Nature of MDEG

and Supplies.

Amador Medical, LLC. 7320 Smoke Ranch Rd Ste H Las Vegas NV

Name and Address of Business for Which MDEG Administrator Is Requested

Amador Medical, LLC.

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Vasquez
Last Name

Andrina
First Name

Marie
Middle Name

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

#1232
2701 N Rainbow Blvd Las Vegas NV 89108
Present Residence Address-Street or RFD City State/Zip

Rd Ste. H
7320 Smoke Ranch Dates 2/1/11 - Present Las Vegas NV 89128
Present Business Address City State/Zip

Manager Dates 2/1/11 - Present
Present Position with the MDEG

Phone: _____ Fax: N/A

Email address: amadormedical@gmail.com

Las Vegas, Clark, NV
Place of Birth (City, County, State)

21 years _____ F
Age Sex

Brown Brown 145 5' 3"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics I have a tattoo
on my Left shoulder blade with stars.

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.

03/2010 - 3/2011	EasyLife Medical Equip.	1600
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Manager	Selling, Distributing and billing Medical Equipment	Monica
Title	Description of Duties	Name of Supervisor

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

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

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

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

N/A		
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:
b)

State: N/A

Date: N/A

Case Number: N/A

c) Criminal Action:

State: N/A

Date: N/A

Case Number: N/A

County: N/A

Court: N/A

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

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

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

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written explanation and/or documents.

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



Date of photograph 6-16-11

I, Andrina Vasquez, 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.

Andrina M Vasquez
Signature of Applicant

PERSONAL HISTORY RECORD

Date 6-16-2011

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 Durable Medical Equipment Prosthetics Orthotics and Supp
Amador Medical, LLC 7320 Smoke Ranch Rd Ste H Las Vegas NV 8912
Nature of License
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Vasquez Andrina Marie
Last Name First Name Middle Name
Anaie (nickname) Pacheco (Maiden Name)
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
2701 N Rainbow Blvd # 1232 Las Vegas NV 89108
Present Residence Address-Street or RFD City State/Zip
7320 Smoke Ranch Rd Ste H
Present Business Address Dates 2/1/11 - Present Las Vegas NV 89128
City State/Zip
Medical Supply 2/1/11 - present 702-23
Occupation Dates Phone:
Residence Business Fax
Las Vegas, Clark, NV
Place of Birth (City, County, State)

21 F
Age Sex
Brown Brown Fair 145 Medium 5'3"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics star tattoo on Left shoulder blade

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

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

A. **Current Marriage** 3/20/2010 Las Vegas, Clark, NV
Date City, Cou S.S. Nr
 Spouse's full name (Maiden) Omar Vasquez
 Date of Birth _____ Place of Birth Mexico
 Resident address 2701 N Rainbow Blvd #1232 Las Vegas NV 89108
Street City State Zip
 Telephone: Residence _____
 Spouse's employer Collision Center Occupation Estimator
 Address of employer 7230 Desert Inn Rd. Las Vegas NV 89102
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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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
------	------------	-------------	-------------------

J

3

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 AVS

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

Name Clark County District Attorney
Address 1900 E Flamingo Rd. Ste 100 Las Vegas NV 89119
Contact person Theresa Lowery (702.671.9200)

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
<u>Miguel Pacheco</u>		<u>Unknown</u>	<u>Unknown</u>
Mother			
<u>Janeen Brooker</u>		<u>El camino #284</u>	
Father-in-Law			
<u>Martin Vasquez</u>		<u>2100 Velvet Hill Ave</u>	<u>Lanscap</u>
Mother-in-Law			
<u>Noemi Sanchez</u>		<u>2100 Velvet Hill Ave</u>	<u>Cleaning</u>

D. Brothers and Sisters:

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

it recent occupations of brothers and sisters and of

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
<u>Ashley Brooker</u>		<u>El camino # 284</u>	
<u>N/A</u>		<u>Las Vegas NV 89102</u>	<u>Unknown</u>
Spouse			
<u>Amanda Pacheco</u>		<u>El camino #284</u>	
<u>N/A</u>		<u>Las Vegas NV 89102</u>	<u>Unknown</u>
Spouse			
<u>Chance Canton</u>		<u>Unknown</u>	<u>N/A</u>
<u>N/A</u>			
Spouse			
<u>Bradley Canton</u>		<u>Unknown</u>	<u>N/A</u>
<u>N/A</u>			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Taos Elementary</u>	<u>Taos, NM</u>	<u>95'-00'</u>
High School	<u>Pahrump Valley</u>	<u>Pahrump NV</u>	<u>04'-06'</u>
College	<u>High Tech Institute</u>	<u>LV, NV</u>	<u>06'-08'</u>
University			
Other			

Type of degree obtained, if any Associates Degree of Science

College or university where obtained High Tech Institute

Applicant's initial AVS

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

Branch NIA Date of entry-active service NIA

Date of separation NIA Type of discharge NIA

Rating at separation NIA Serial number NIA

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

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

County NIA State NIA Date registered NIA

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>NIA</u>					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒
- 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
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Applicant's initial AVS

- 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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N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following and provide a written explanation.

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

N/A

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

1/11 - present 2701 Rainbow Las Vegas NV

12/07 - 12/10 2100 Velvet Hill Las Vegas NV

06/06 - 12/07 1908 Melinda Las Vegas NV

04/06 - 06/06 Mount Vernon Las Vegas NV

11/04 04/06 Lone Pine Pahrump NV

06/04 11/04 White Street Pahrump NV

before 2004 → Abq, NM, Ruidoso NM, Alamogordo NM

Note I am not sure of the addresses that I have lived before this dates.

Applicant's initial AVS

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.

03/2011	Vida Home Health 2001 S Jones St Present	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Marketing	Market LV NV 89146	Glen Amador
Title	Description of Duties	Name of Supervisor

03/2010	EasyLife ME 1400 S Decatur Blvd	owner never paid me on +
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Manager	Selling, Distributing + billing Medical Equipment	Monica
Title	Description of Duties	Name of Supervisor

09/2008	ASC of Southern NV	scheduling conflicts.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
EndoTech.	Assist Doctors w/ Endoscopies	Joyce
Title	Description of Duties	Name of Supervisor

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

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

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

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

N/A		
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.

In 2/2010 I got a business License to start a Cleaning Business But it never worked out.

Applicant's initial AVS

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>Lucy Wong</u>	Home <u>Rutherfordgrove</u>	<u>Las Vegas,</u>				
Employer <u>N/A</u>	Business <u>stay at home mom</u>	<u>NV</u>			<u>N/A</u>	
Name <u>Lydia Kimmey</u>	Home <u>Taos</u>	<u>NM</u>				
Employer <u>Frames</u>	Business					
Name <u>Alex Kimmey</u>	Home <u>Hawaii</u>					<u>3</u>
Employer <u>Job corps</u>	Business <u>NA</u>					
Name <u>Alex Menchaca</u>	Home <u>Blue Diamond</u>	<u>Las Vegas</u>	<u>NV</u>			
Employer	Business					
Name <u>Rosa Carrasco</u>	Home <u>Las Vegas</u>	<u>NV</u>		<u>(702)</u>		
Employer <u>All Valley</u>	Business					

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

Applicant's initial AVS

any reason whatsoever? Yes ☐ No ☒ If yes, please provide details and a written explanation.

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

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

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒ If yes, please provide details and a written explanation
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒ If yes, please provide details and a written explanation
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒ If yes, please provide details and a written explanation.
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.....
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation



Date of photograph 6-16-11

Applicant's initial AVS

COUNTY OF Clark

I, Andrina M. Vasquez, 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 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.

Andrina M. Vasquez
Signature of Applicant

Subscribed and Sworn to before me this 17 day of

June, 2011
Laurie A. Perry
Notary Public



(seal)

Applicant's initial

AVS

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

**APPLICATION FOR NEVADA 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 _____
Please provide current license number if making changes: _____

FACILITY INFORMATION

Facility Name: Caring Medical Supply, LLC

Physical Address: 734-A S. Boulder Hwy
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Henderson State: NV Zip Code: 89015

Telephone Number: 702-836-3385 Fax Number: 702-856-3384

E-mail: debbieh5@hotmail.com Website: none

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Deborah Louise Hicks

****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 checked="" type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Other: _____ |

Board Use Only

Received JUN 20 2011 Check Number 262 Amount 500.00 Page 1-2010

57267

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

Owner's Name: Deborah L Hicks

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: Charlotte

State: NC

Country: _____

Citizenship: USA Yes other N/A

If applicable, list Naturalization Number: N/A

Passport Number: N/A

Current residence address: 1108 Ventura Hills St

City: Las Vegas

State: NV

Zip Code: 89144

Telephone Number _____

Fax Number: None

Previous address (last 5 years): _____

Address: 10417 Niagara Falls

City: Las Vegas

State: NV

Zip Code: 89144

Address: 812 Windbrook St

City: Las Vegas

State: NV

Zip Code: 89144

Address: N/A

City: N/A

State: N/A

Zip Code: N/A

Business Name: Caring Medical Supply

Current Business Address: 734 S. Boulder Hwy

City: Henderson

State: NV

Zip Code: 89015

Telephone Number: 702-836-3385

Fax Number: 702-856-3384

Previous Employment: _____

Name: Diabetic Life Supply

Address: UNKNOWN

City: LAS VEGAS

State: NV

Zip Code: _____

Are you a registered pharmacist in Nevada? Yes or No

License #: N/A

Professional qualifications if not a pharmacist: _____

N/A

OWNERSHIP IS A PARTNERSHIP

General _____

Limited X

Partnership Name: Caring Medical Supply LLC

Mailing Address: 734 S. Boulder Highway Suite A

City, State Zip Code: HENDERSON, NV 89015

Telephone Number: 702-836-3385

Fax Number: 702-856-3384

Contact Persons: Deborah L Hicks

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
DEBORAH HICKS	L	50
GREG LAMBRECHT	L	50

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

~~PA~~

- 1) Do any partners hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐ If yes, list the persons, their address and their business names.

a) Name Address

Business

b) Name Address

Business

c) Name Address

Business

d) Name Address

Business

- 2) Have any of the partners 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) DEBORAH HICKS 1108 VENTURA HILLS Las Vegas 891
Name Address

Caring Medical Supply 734 S. Boulder Hwy Henderson 891
Business

b) GREG LAMBRECHT 7338 Painted Shadow Way Las Vegas 891
Name Address

Caring Medical Supply 734 S. Boulder Hwy Henderson 891
Business

c) Name Address

Business

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

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

Within the last five (5) years:

4) Have any of the partners ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

5) Have any of the partners ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

6) Have any of the partners ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

7) Have any of the partners, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

8) Have any of the partners 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.

Deborah L Hicks
Signature of corporation officer

6/23/2011
Date

Deborah L Hicks Manager
Type name and title

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

Owner's Name: GREGG G. LAMBRECHT

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: MILWAUKEE State: WI Country: USA

Citizenship: USA ☒ other _____

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

Current residence address: 7332 PAINTED SHADOW WAY

City: LAS VEGAS State: NV Zip Code: 89149

Telephone Number: _____ Fax Number: NA

Previous address (last 5 years): _____ SAME AS ABOVE

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

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

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

Business Name: Caring Medical Supply

Current Business Address: 734 S. BOULDER HWY

City: HENDERSON State: NV Zip Code: 89015

Telephone Number: 702-836-3385 Fax Number: 702-856-3384

Previous Employment: _____

Name: Diabetic Life Supply Address: ADDRESS UNKNOWN

City: LAS VEGAS State: NV Zip Code: _____

Are you a registered pharmacist in Nevada? Yes or No License #: _____

Professional qualifications if not a pharmacist: _____

OWNERSHIP IS A PARTNERSHIP

General _____ Limited ☒

Partnership Name: Caring Medical Supply LLC

Mailing Address: 734 S. BOULDER HIGHWAY SUITE A

City, State Zip Code: HENDERSON, NV.

Telephone Number: 702-836-3385 Fax Number: 702-856-3384

Contact Person: GREGG LAMBRECHT

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership.
Use separate sheet if necessary

Name	G or L	Percentage
Deborah Hicks	L	50
Gregg Lambrecht	L	50

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

- 1) Do any partners 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) Gregg Lambrecht 7332 Painted Shadow Way Las Vegas 89115
 Name Address
Caring Medical Supply 734 S. Boulder Way Henderson 89015
 Business

b) _____
 Name Address

Business

c) _____
 Name Address

Business

d) _____
 Name Address

Business

- 2) Have any of the partners 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) Gregg Lambrecht 7332 Painted Shadow Way Las Vegas 89115
 Name Address
Caring Medical Supply 734 S. Boulder Way Henderson 89015
 Business

b) _____
 Name Address

Business

c) _____
 Name Address

Business

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

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

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

Within the last five (5) years:

4) Have any of the partners ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

5) Have any of the partners ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

6) Have any of the partners ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

7) Have any of the partners, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

8) Have any of the partners 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

Date

Type name and title

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

Date 6/23/2011

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

Caring Medical Supply LLC 734-A S Boulder Hwy Henderson NV 890

Name and Address of Business for Which MDEG Administrator Is Requested

Caring Medical Supply

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Hicks
Last Name

Deborah
First Name

Louise
Middle Name

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

1108 Ventura Hills St Las Vegas NV 89144
Present Residence Address-Street or RFD City State/Zip

734-A S Boulder Hwy Dates 12/08-current Henderson NV 89015
Present Business Address City State/Zip

@ ffi do Manager Dates 12/08-current
Present Position with the MDEG

Phone: _____ Fax: 702 856 3384

Email address: debbieh5@hotmail.com

Charlotte NC
Place of Birth (City, County, State)

40
Age

y Number

F
Sex

Brown
Color of Eyes

Brown
Color of Hair

160
Weight

5'4"
Height

Scars, tattoos or distinguishing marks and/or characteristics Scars on abdomen
and (R) knee, mickey mouse tattoo on abdomen

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

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

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.

12/2008 Caring Medical Supply, 734-A S Boulder Hwy 3500
Month and Year Name/ Address of Employer/Business No of Employed Hours

Office Manager Billing, AR, Compliance Gregg Lambrecht
Title Description of Duties Name of Supervisor

8/2007 - 12/2009 Diabetic Life Supply - out of business 4300
Month and Year Name/ Address of Employer/Business No of Employed Hours

Office Manager Billing, AR, compliance R. Miller
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:
b)

State: _____

Date: _____

Case Number: _____

c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

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

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

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

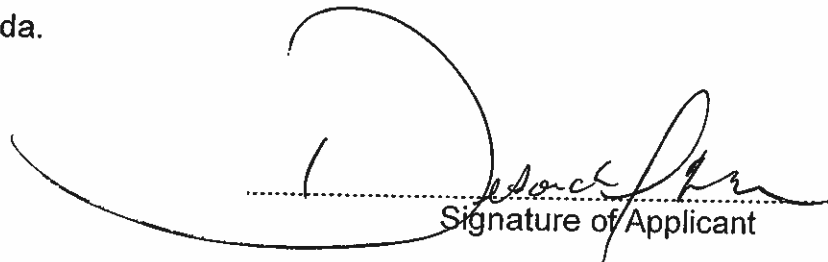
If you answer No to questions 4, 5 or 6 please provide



Date of photograph 10/26/2011

I, Deborah Louise Hicks, 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.


Signature of Applicant

PERSONAL HISTORY RECORD

Date 12-28-10

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

DME

Nature of License

Caring Medical Supply LLC

Name and Address of Establishment for Which License Is Requested

Caring Medical Supply

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name LAMBRECHT First Name GREGG Middle Name GORDON
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD 7332 Painted Shadow Way City Las Vegas State/Zip NV 89
Dates 04/92 - Present
Present Business Address 734 A S. Boulder Hwy City Nevada State/Zip NV 89149
Dates 12/08 - Present
Occupation Gen'l Manager Phone

Date of Birth 67 Place of Birth (City, County, State) Milwaukee, Milwaukee, WI
Social Security Number 67 Sex Male

Color of Eyes Blue Color of Hair Gray Complexion Fair Weight 215 Build Medium Height 6'2"

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Continued

A. **Current Marriage** 9-5-64 Waukesha Waukesha WI
Spouse's full name (Maiden) MARY JOANN LINDERUD
Date of Birth _____ Place of Birth CLINTON, IOWA
Resident address 7332 MAINTEC/Shadow Way LAS VEGAS NV 89149
Street City State Zip
Telephone: Residence _____
Spouse's employer NORTH VISTA HOSPITAL Occupation Technologist
Address of employer 1409 E. LAKE MEAD BLVD N. Las Vegas NV 89030
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	----------------------------	------------------------------	---------------------	--------------------------

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

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

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial GB

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

Name _____

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Mother			
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

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

College or university where obtained _____

Applicant's initial _____

MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☒ No ☐

Branch US Army

Date of entry-active service

Date of separation

Type of discharge Honorable

Rating at separation Sp-5

Serial numt

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 N/A

State

Date registered

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

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

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

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

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

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

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

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

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

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

Name	Relationship	Charge	Location	Date

Applicant's initial

GBY

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

Yes ☒ No ☐ (Other than divorces)

If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Diabetic Life Supply		District Court A 578653	CLARK County NV	Settled 04/11

- 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
11/77 to 04/92	5560 CYPRESS POINT DRIVE	RENO	NV
04/92 to PRESENT	7332 PAINTED SHADOW WAY	LAS VEGAS	NV

Applicant's initial

GBY

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 06/63	Name/Mailing Address of Employer/Business INTERSTATE FINANCE CORP	Reason for Leaving DRAFTED in U.S. ARMY
Title Field Collector	Description of Duties	Name of Supervisor R. Schmitzka
Month and Year 12/66	Name/Mailing Address of Employer/Business INTERSTATE FINANCE CORP	Reason for Leaving NEW EMPLOYMENT
Title Loan Processor	Description of Duties	Name of Supervisor R. Schmitzka
Month and Year 9/70	Name/Mailing Address of Employer/Business LAKE SHORE INC	Reason for Leaving
Title Asst Treasurer	Description of Duties A/P : A/R Management	Name of Supervisor G. Reimer
Month and Year 3/85	Name/Mailing Address of Employer/Business C & M Supply Inc	Reason for Leaving Sold Business
Title Owner	Description of Duties Construction : Mining Parts	Name of Supervisor
Month and Year 6/94	Name/Mailing Address of Employer/Business DESERT HOLDING INC	Reason for Leaving Sold Business
Title Partner	Description of Duties Manage a Trucking, Fueling & Repair Business	Name of Supervisor
Month and Year 10/07	Name/Mailing Address of Employer/Business Diabetic Life Supply LLC	Reason for Leaving Quit
Title Sales	Description of Duties Start up company - develop sales	Name of Supervisor R. Miller
Month and Year 12/08	Name/Mailing Address of Employer/Business Caring Medical Supply	Reason for Leaving
Title Gen'l Mgr	Description of Duties Manage DME Company	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

GBY

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>Jon Blado</u>	Home <u>5711 68th Ave Court</u>	<u>Univ.</u>	<u>PI., WA</u>			<u>41</u>
Employer <u>BFS</u>	Business <u>Atty</u>					
Name <u>John Cahlan</u>	Home <u>612 Hermosa Canyon Ln</u>	<u>NV</u>				
Employer	Business <u>Home Development</u>					
Name <u>David Panter</u>	Home <u>8585 W Hammer Ln</u>	<u>NV</u>				
Employer <u>BFS</u>	Business <u>Automotive Repair</u>					
Name <u>Deborah Hicks</u>	Home					
Employer	Business					
Name <u>Edward Garcia</u>	Home <u>7709 Meadow Robin Ln</u>	<u>NV</u>				
Employer <u>Jones Vargas</u>	Business <u>Law Firm</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

BBF

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒ If yes, please provide details and a written explanation.

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

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

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

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒ If yes, please provide details and a written explanation

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.....

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation



Date of photograph 6/23/2011

Applicant's initial GB

PERSONAL HISTORY RECORD

Date 6/23/2011

GENERAL INSTRUCTIONS

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Application for MDEG DME
Nature of License
Caring Medical Supply LLC 734-A S Boulder Hwy Henderson NV 89015
Name and Address of Establishment for Which License Is Requested
Caring Medical Supply
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Hicks Deborah Louise
Last Name First Name Middle Name
Hicks

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) 310 current

1108 Ventura Hills St Las Vegas NV 89144
Present Residence Address-Street or RFD City State/Zip

734-A S Boulder Hwy 12/08-current Henderson NV 89015
Present Business Address Dates City State/Zip

Office Manager 12/08 current
Occupation Dates Phone:

Residence
Business
Fax

Charlotte Ne

Place of Birth (City, County, State)

40 F
Age Sex

Brown Brown Caucasian 160 medium 5'4"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Scars on abdomen and R knee
Mickey mouse tattoo on abdomen

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

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial B

A. Current Marriage

Date _____
 Spouse's full name (Maiden) _____ City, County and State _____
 S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence (N/A) _____ 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
Anthony Sandate	2/2002	6/6/99 Yuma AZ	divorced	Yuma AZ
Scott Benson	1/1999	8/19/95 Salinas CA	divorced	Salinas CA
Jody Parker	2/1995	1/08/1994 Dover DE	divorced	Salinas CA
David Collin	11/1993	2/1995 Brunswick ME	divorced	Felton DE

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

Name	Street	City	State	Zip	Telephone
Anthony Sandate	15 Geils St	Salinas	CA	93901	831-214 6637
Scott Benson	2339 Holly Hill Dr	Salinas	CA	93907	831-663-3889
Jody Parker	- Felton DE				
David Collin	Unknown				

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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


B. Child Support Information:

Please mark the appropriate response:

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

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

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

Applicant's initial 

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

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Herman Dotson

unknown

Mother

Linda Hicks

Bakersfield

Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Morgan Hicks

California Prison System

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Prunedale Elementary	Salinas CA	9/1978 - 6/85	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	North Salinas High School	Salinas CA	9/85 - 6/89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	Hartnell College	Salinas CA		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University	Arizona Western College	Salinas CA		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any

College or university where obtained

Applicant's initial

B

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

Branch US Navy Date of entry-active service 9/1989

Date of separation 2/1993 Type of discharge Honorable

Rating at separation E-4 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 NIA State NIA Date registered NIA

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

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

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

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

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

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

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

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

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

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☐

If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

Name	Relationship	Charge	Location	Date

Applicant's initial JB

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

Yes ☐ No ☐ (Other than divorces)

If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
- Yes ☐ No ☐ If yes, complete the following and provide a written explanation.

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
4/10-current	1108 Ventura Hills St	Las Vegas	NV
1/08-4/10	10417 Niagara Falls St	Las Vegas	NV
4/10-1/05	812 Windhook St	Las Vegas	NV
1/05-3/04	5505 Mesquite Meadows Ct	Las Vegas	NV
5/01-3/04	19820 Augusta Ct	Salinas	CA
10/00-5/01	11495 Via Saliada Dr	Yuma	AZ
1/98-10/00	12 Chablis Cir	Salinas	CA
1/94-1/98	19820 Augusta Ct	Salinas	CA
3/88-1/94	RR #3 553-4	Felton	DE
8/89-3/93	US Navy	Nas Brunswick	ME
1/86-8/89	19820 Augusta Ct	Salinas	CA

Applicant's initial

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.

12/2008 - Current Caring Medical Supply 734-A S Boulder Hwy Currently Employed
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
Office Manager Billing, AR, Compliance Gregg Lambrecht
 Title Description of Duties Name of Supervisor

8/2007 - 12/08 Diabetic Life Supply Out of business not getting paid
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
Office Manager Billing, AR, Compliance R. Miller
 Title Description of Duties Name of Supervisor

10/2004 - 8/07 Monster Trucking out of business went out of business
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
Office Manager Billing, AR R. Miller
 Title Description of Duties Name of Supervisor

8/2004 - 10/2004 San Benito County SO Hollister CA Relocated to NV
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
Officer general correction duties Sgt Lewis
 Title Description of Duties Name of Supervisor

4/00 - 1/04 CFMG 1414 Natividad Rd went into law enforcement
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
Nurse General patient care Mr. Harness
 Title Description of Duties Name of Supervisor

4/94 - 7/00 Benson Cooling 8887 Holly Hill Dr out of business
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
Dispatcher dispatched on a shipping dock Kay Benson
 Title Description of Duties Name of Supervisor

2/93 - 1/00 US Navy Honorable discharge
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
ABN³ Aircraft crewman Sgt. Miners
 Title Description of Duties Name of Supervisor

6/89 - 8/89 Out for summer after high school
 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 B

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>Kelly Wegner</u>	Home <u>1103 Ventura Hills St</u>					<u>Coyns</u>
Employer <u>Quest Diagnostics</u>	Business <u>Lab</u>					
Name <u>Mawerick Regan</u>	Home <u>NM</u>					
Employer <u>Orosay</u>	Business <u>Home Health</u>					
Name <u>Jeremy Lata</u>	Home <u>3133 Bombastic</u>					
Employer <u>Orosay</u>	Business <u>Home Health</u>					
Name <u>Penny Hahn</u>	Home					
Employer <u>We Cae</u>	Business <u>Home Health</u>					
Name <u>Julienne Alance</u>	Home					
Employer <u>Werner Institute</u>	Business <u>884-5000</u>				<u>Physical Therapy</u>	

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

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

Yes ☐ No ☐

If yes, state type, where and years held

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

Applicant's initial 12

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



6/23/2011

Date of photograph

Applicant's Initial

B

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: NA

FACILITY INFORMATION

Facility Name: Emerald Lake Inc.

Physical Address: 500 S. Martin Luther King Blvd STE D44
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Las Vegas State: NV Zip Code: 89106

Telephone Number: (702) 678-6267 Fax Number: (702) 474-7051

E-mail: emeraldmedical2@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9am to 5pm Sat: 9am to 3pm Sun: _____ to _____ Holidays: 9am to 5pm

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

Name: Kelechi Agwara

**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: OME & medical Supplies.

Board Use Only

Received MAY 23 2011

Check Number 1015

Amount 500.00

56942

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Corporation Name: Emerald Lake, Inc.

Mailing Address: 500 S. Martin Luther King Blvd STE DdE

City, State and Zip: Las Nevada, NV 89106

Telephone Number: (702) 678-6262 Fax Number: (702) 474-7051

License Contact Person: _____

Professional Compliance Contact Person: _____

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>Michael Agwara</u>	<u>President</u>
<u>Kelechi Agwara</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)	_____	_____
	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? N/A
- 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.

N/A

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

Medicare ID# 4265280001 Medicaid ID# 003302694
NPI 15781005341

- 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.

<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.

Michael Agwara, president
Signature of corporation officer

5/12/11
Date

Michael Agwara
Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 2/22/11

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for Durable Medical Equipment & Medical Supplies
Nature of MDEG
Emerald Lake Inc. 500 S. Martin Luther King Blvd Ste D & E Las Vegas, NV 89106
Name and Address of Business for Which MDEG Administrator Is Requested
Emerald Medical Supplies,
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Agwara
Last Name

Kelechi
First Name

Middle Name

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

1641 City View Ct Las Vegas NV 89117
Present Residence Address-Street or RFD City State/Zip

500 S. Martin Luther King Blvd STE D & E Las Vegas NV 89106
Present Business Address City State/Zip

Director Dates 3/28/11 to present
Present Position with the MDEG

Phone (702) 678-6267 Fax: (702) 474-7051

Email address: emeraldmedical2@gmail.com

Owerri, Imo STATE Nigeria
Place of Birth (City, County, State)

43
Age

F
Sex

Brown
Color of Eyes

Black
Color of Hair

123
Weight

5'3"
Height

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

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

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

EMPLOYMENT:

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

9-2010 - Present Advance Medical 31634 N. Rancho Ln, NV 89130 513
Month and Year Name/ Address of Employer/Business No of Employed Hours

Registered Nurse ICU Nursing Diana Reed
Title Description of Duties Name of Supervisor

3/2007 to 07/2010 Summerline Hospital 657 North Town Center Dr. LV, NV 89144 1728
Month and Year Name/ Address of Employer/Business No of Employed Hours

Registered Nurse ICU Nursing Diane Reed
Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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

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

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

a) Board Administrative Action:

State: _____

b)

Date: _____

Case Number: _____

c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

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

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

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

Yes ☒ No ☐

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

ATTACH PHOTO

TAKEN WITH

30 DAYS HE



Date of photograph 2/19/11

I, Kelechi Agwara, 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.

Kelechi Agwara

Signature of Applicant

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

Date 5/17/11

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
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Application for Durable Medical Equipment & Medical Supplies
Nature of MDEG
Emerald Lake, Inc. 500 S Martin Luther King Blvd Ste 104 E LV NV 89106
Name and Address of Business for Which MDEG Administrator Is Requested
Emerald medical Supplies
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Agwara Michael _____
Last Name First Name Middle Name

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

1641 City View CT Las Vegas NV 89117
Present Residence Address-Street or RFD City State/Zip

5005 Martin Luther King Blvd STE 405 Las Vegas, NV 89106
Present Business Address City State/Zip

President Dates 3/28/11 to Present
Present Position with the MDEG

Phone: (702) 678-6267 Fax: (702) 474-7051

Email address: emeraldmedical2@gmail.com

20 Tuscaloosa, AL.
Date of Birth Place of Birth (City, County, State)

20 1 M
Age Social Security Number Sex

Brown Black 178 6'0"
Color of Eyes Color of Hair Weight Height

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

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

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

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.

7/10 to present	Abercrombie & Fitch	8-12 Hours per week
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Cashier	model Seasonal Clothes & Cashier	Joseph Rudolph
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:
b)

State: _____

Date: _____

Case Number: _____

c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

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

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

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

Yes ☒ No ☐

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

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ATTACH PHC

TAKEN WIT

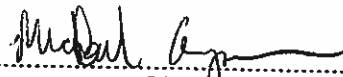
30 DAYS



Date of photograph M.A. 5/14/11

I, Michael Agwara, 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.



Signature of Applicant

PERSONAL HISTORY RECORD

Date

2/22/11

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 & Medical supply
Emerald Lake, Inc 500 S. Martin Luther King Blvd Ste D & E Las Vegas, NV 89106
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Agnara First Name Kelechi Middle Name

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

Present Residence Address-Street or RFD 1041 City View Ct Dates 04-2001 to Present City Las Vegas State/Zip NV 89117

Present Business Address 500 S. Martin Luther King Blvd Ste D & E Dates 01-2011 to present City Las Vegas State/Zip NV 89106

Occupation Director Phone:

Date of Birth 01-21-1971 Place of Birth (City, County, State) Onitsha, Imo State, Nigeria

Social Security Number 43 Sex Female

Color of Eyes Brown Color Black Complexion Brown Weight 123 lbs Build Small Height 5'3"

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

MARITAL INFORMATION-Continued

A. Current Marriage Date 1-2-1988 Owerri, Imo State Nigeria
Spouse's full name (Maiden) Liobrius I Agwara
Date of Birth _____ Place of Birth Owerri, Imo State Nigeria
Resident address 1641 City View Ct Las Vegas NV 89117
Street City State Zip
Telephone: Resid _____
Spouse's employer SELF Occupation ~~att~~ Attorney
Address of employer 1058 E. Sahara Ave Ste B Las Vegas NV 89104
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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None

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

Name	Street	City	State	Zip	Telephone
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NONE

3. FAMILY INFORMATION:

A. Children and Dependents:

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

[illegible]

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 LA

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)	Address	Occupation
Father <u>Anthony Eke</u>	<u>Nigeria</u>	<u>Engineer</u>
Mother <u>MARIA Eke</u>	<u>Nigeria</u>	<u>Teacher</u>
Father-in-Law <u>Vincent Agwara</u>	<u>Nigeria</u>	<u>Teacher</u>
Mother-in-Law <u>Magdalena Agwara</u>	<u>Nigeria</u>	<u>Nurse</u>

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Chinyere Okeke		11650 Brightstone Ct Reno NV 89521	MD
Spouse: Matthew Okeke		11650 Brightstone Ct Reno, NV 89521	MD

Spouse _____

Spouse _____

Spouse _____

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Central School</u>	<u>Umuohiagu, Nigeria</u>	<u>1972-1978</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Oguta Girls Secondary School</u>	<u>Nigeria</u>	<u>1978-1983</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	<u>Nevada State College</u>	<u>In Progress</u>	<u>Sept 2008 - Present</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
University				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any. Associated Degree in NursingCollege or university where obtained Tompkins Community CollegeApplicant's initial KJA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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

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

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

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

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

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

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

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

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

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

Name	Relationship	Charge	Location	Date
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Applicant's initial _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below 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
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09-1984 to 12-1987	94 Addison St	San Francisco, CA	94131
01-1988 to 08-1996	425 8th Ave #12	Tuscaloosa, AL	35405
09-1996 to 07-1998	5627 Loma Verde Dr	Houston, TX	77001
07-1998 to 06-2000	37 Uptown Rd	Ithaca, NY	14850
06-2000 to 10-2005	8601 West Gilmore Ave	Las Vegas, NV	89129
10-2005 to Present	11641 City View Ct	Las Vegas, NV	89117

Applicant's initial KA

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Sept 2010 - Present	Advance Medical	Still with them
RN	ICU, Psych	Michell
03-2007 - 06-2010	Sumnerlin Hospital	Personal Reasons / Flexibility
RN	ICU	Brad
07-2000 - 03-2007	Global Staffing	Took full time job
RN	ICU / med / IMC	Terrance
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

Applicant's initial KA

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	Rose Iglerke	Home	8808 Saint Cloud Ct	Las Vegas, NV	89143	10yrs.
Employer	SELF employed	Business	8808 Saint Cloud Ct	LV, NV	89143	
Name	Chinnie Okeke	Home	8304 Olive Canyon Dr	LV, NV	89128	10yrs.
Employer	UMC Hospital	Business	1800 N Charleston Blvd	LV, NV	89102	
Name	Olive Ejiofor	Home	3049 French Creek Ct	LV, NV	89156	9yrs
Employer	Advance Medical	Business	3634 N. Rancho	LV, NV	89130	
Name	Ona Nsofor	Home	573 Riverbed St	LV, NV	89110	9yrs.
Employer	UMC Hospital	Business	1800 N Charleston Blvd	LV, NV	89102	
Name	Diana Lambly	Home	2244 N. Lamb Blvd	#C.N. LV, NV	89115	5yrs.
Employer	N/A	Business	N/A		N/A	

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

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

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial KA

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



KEN

E

Date of photograph 2/19/11

Applicant's initial KA

STATE OF Nevada SS.

COUNTY OF Clark

I, Kelechi Agwara, 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.

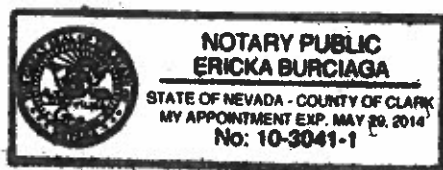
Kelechi Agwara
Signature of Applicant

Subscribed and Sworn to before me this 22nd day of

February 2011

[Signature]
Notary Public

(seal)



Applicant's initial KA

PERSONAL HISTORY RECORD

Date 5/17/11

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 DME & MEDICAL SUPPLY
Emerald Lake, Inc. 505 S. Martin Luther King Blvd Ste 100 NV 89106
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Agwara First Name Michael Middle Name _____
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD 1641 City View Ct City Las Vegas State/Zip NV 89117
Present Business Address 500 S. Martin Luther King City Las Vegas State/Zip NV 89106
Occupation President Tuscaloosa, AL

Date of Birth _____ Place of Birth (City, County, State) Tuscaloosa, AL

Age 20 Sex male

Color of Eyes Brown Color of Hair Black Complexion Brown Weight 178lbs Build medium Height 6'0"

Scars, tattoos or distinguishing marks and/or characteristics _____

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

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

MARITAL INFORMATION-Continued

A. **Current Marriage**

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 _____ S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 _____ Street _____ City _____ State _____ Zip _____
 Telephone: Residence (_____) _____ Business (_____) _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 _____ Street _____ City _____ State _____ Zip _____

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

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

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

Name	Street	City	State	Zip	Telephone
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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
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N/A

B. **Child Support Information:**

Please mark the appropriate response:

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

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

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

Applicant's initial M. A

FAMILY INFORMATION-Continued

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

Name _____

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Liborius I Agwara</u>		<u>1641 City View Ct.</u>	
Mother <u>Kelechi Agwara</u>		<u>LVNV 89117</u>	<u>Attorney</u>
Father-in-Law		<u>1641 City View Ct.</u>	<u>Res.</u>
		<u>LVNV 89117</u>	
Mother-in-Law			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse <u>David Agwara</u>		<u>1641 City View Ct.</u>	<u>LVNV 89117 Student</u>
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>William Kimmis Elem.</u>	<u>LV, NV</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Bishop Gorman H.S.</u>	<u>LV, NV</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____

College or university where obtained _____

Applicant's initial

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 separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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

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

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

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

Name	Relationship	Charge	Location	Date
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Applicant's initial

M. A.

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following and provide a written explanation.

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
10-90 to 8-96	425 8th Ave #12	Tucaloosa	AL 35405
9-96 to 7-98	5627 Loma Verde Dr.	Houston	TX 77081
7-98 to 6-00	37 Uptown Ad.	Ithaca	NY 14850
6-00 to 10-05	8601 West Gilmore Ave	LV, NV	89129
05 to Present	1641 City View Ct.	Las Vegas	NV 89129

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
Title	Description of Duties	Name of Supervisor
7/10 to Present	Abercrombie & Fitch	
Cashier	Model Seasonal Clothes & Cashier	Joseph Rudolph
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

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 <u>Princess Oroke</u>	Home <u>2208 Mistle Thrush Dr.</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89129</u>		<u>5</u>
Employer <u>Levis Store</u>	Business <u>3200 Las Vegas Blvd</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89129</u>		
Name <u>Olivia Egemba</u>	Home <u>8604 W. Gilmore Ave.</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89129</u>		<u>10</u>
Employer <u>Walter Johnson Middle School</u>	Business <u>7701 Ducharme Ave</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89129</u>		
Name <u>Onah Nsofor</u>	Home <u>573 Riverbed St.</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89110</u>		<u>10</u>
Employer <u>Umc</u>	Business <u>1800 W Charleston Blvd</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89102</u>		
Name <u>Erica Burcaga</u>	Home <u>2362 Capistrano Ave.</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89169</u>		<u>7</u>
Employer <u>Agwara & Associates</u>	Business <u>1058 E Sahara Ave B</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89101</u>		
Name <u>Charles Okeke</u>	Home <u>8304 Olive Canyon Dr.</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89131</u>		<u>6</u>
Employer <u>College of Southern Nevada</u>	Business <u>6375 W. Charleston Blvd</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89102</u>		

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

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

Applicant's initial M.A.

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



IN

Date of photograph

5/14/11

Applicant's initial

M.A.

STATE OF Nevada SS.

COUNTY OF Clark

I, Michael Agwara, 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,

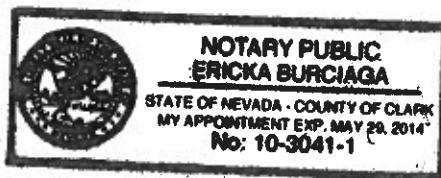
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Michael Agwara
Signature of Applicant

Subscribed and Sworn to before me this 12th day of

May, 2011

[Signature]
Notary Public



(seal)

Applicant's initial M.A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

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

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

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

FACILITY INFORMATION

Facility Name: PULMONOCARE RESPIRATORY SERVICES
Physical Address: 2675 PATRICK LANE, STE 7 LAS VEGAS NV
(This must be a business address, we can not issue a license to a home address) 89126
Mailing Address: 760 S. VIA LATA, STE 100
City: COLTON State: CA Zip Code: 92324
Telephone Number: 888.785.6622 Fax Number: 909.777.5240
877.777.4180
E-mail: NICK@pulmo-care.com Website: www.pulmo-care.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9A to 5P Tue: 9A to 5P Wed: 9A to 5P Thu: 9A to 5P
Fri: 9A to 5P Sat: - to - Sun: - to - Holidays: - to -

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

Name: NICHOLAS "NICK" GRAVES

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

Board Use Only

Received JUN 23 2011 Check Number 5029 Amount 500

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: CALIFORNIA

Parent Company if any: PulmoCARE RESPIRATORY SERVICES, INC.

Corporation Name: PulmoCARE RESPIRATORY SERVICES, INC.

Mailing Address: P.O. Box 721

City, State and Zip: COLTON, CA 92324

Telephone Number: 909.777.5000

Fax Number: 909.777.5005

License Contact Person: JUDITH LOPEZ, HR/ACCOUNTING MNGR. XT 22

Professional Compliance Contact Person: GABRIELA ORTIZ, GM XT 228

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

Officer or director name

Officer or director title

BRUCE GINGLES PRESIDENT

PRESIDENT

For any corporation non publicly traded, disclose the following:

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

a) BRUCE GINGLES 4767 Ocean Blvd., #411, San Diego, CA 92109
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? \$100.00

4) What date did the corporation actually receive the cash assets? JAN. 28, 1998

5) Provide a copy of the corporations stock register evidencing the above information.

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

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

MEDICARE NPI # 1093761611

DHS / FDA MEDICAL DEVICES # MDR2263

- 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

June 20, 2011
Date

Bruce E Gingles, President
Type name and title

PERSONAL HISTORY RECORD

Date 5/20/2011

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 MDEG FOR MEDICAL GASES & RESPIRATORY EQUIPMENT
PULMONCARE RESPIRATORY SERVICES INC. ^{Nature of License} 2675 PATRICK LANE, JR 7, LAS VEGAS NV
89120
^{Name and Address of Establishment for Which License Is Requested}

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

GINGLES BRUCE E
Last Name First Name Middle Name

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

4767 OCEAN BLVD. #411 SAN DIEGO CA 92109
Present Residence Address-Street or RFD City State/Zip

760 S. VIA LATA, JR 100 PRESENT COLTON CA 92324
Present Business Address Dates City State/Zip

PRESIDENT 909. 777. 5000
Occupation Dates Phone:

SAN DIEGO DIEGO CNTY. CA
Place of Birth (City, County, State) Residence (Business) (Tax)

60 M
Age Sex

GRN/BLU BRN CLEAR 176 LBS SLENDER 6'0"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics SML. MOLD MIDDLE LEFT
SHOULDER, NO. 16 OTHER

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

If naturalized, certificate No. _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial lg

MARITAL INFORMATION-Continued

A. Current Marriage MARCH 2000 Kapoleia, MAUI
 Spouse's full name (Maiden) KIMBERLY LYNN PRATTAWA HAWAII
 Date of Birth MAY 16 1960 City, County and State S.S. No.
 Place of Birth HIBBING, MN
 Resident address 10412 SEINDL ST. REDLANDS, CA 92374
 City State Zip

Telephone: Residence

Spouse's employer MARK CARPENTER, DLS Occupation DENTAL HYGIENIST
 Address of employer 1806 ORANGE TREE LANE REDLANDS, CA 92373
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>JOANNE SNO GINGLES</u>	<u>DEC 1986</u>	<u>LA MESA</u>	<u>DIVORCED</u>	<u>SAN DIEGO CA</u>
<u>CURRENT MARRIAGE IN DIVORCE LITIGATION</u>				

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

Name	Street	City	State	Zip	Telephone
<u>UNKNOWN</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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

B. Child Support Information:

Please mark the appropriate response:

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

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

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

Applicant's initial

FAMILY INFORMATION-Continued

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

Name _____

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father BRUCE GINGLES, SR.	SGT 4	851 TERRA LA. EL CAJON, CA	SELF EMPLOYED RETIRED/DECEASED
Mother MARGARET HERRIMAN	GINGLES	" "	TEACHER/ DECEASED
Father-in-Law CHARLES SNOW	UNKD	SEATTLE, WA	ATTORNEY/ DECEASED
Mother-in-Law PATRICIA KLINE SNOW		SEATTLE, WA	RETIRED MOTHER

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
SHEILA ANN GINGLES		815 TERRA LA. EL CAJON, CA	ATTORNEY
Spouse- DAVID LORENTE, MD	?	" "	RETIRED PHYSICIAN

Spouse _____

Spouse _____

Spouse _____

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	CENTRAL ELA MENTARY	NATIONAL CITY, OH	1935-1962	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	GRANDVIEW HILLS H.S.	EL CAJON, CA	1966-1968	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	SAN DIEGO STATE UNIVERSITY	SAN DIEGO, CA	1968-1977	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	UC SAN DIEGO	SAN DIEGO	1968-1977	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any BS. MARKET RESEARCH

College or university where obtained SDSU

Applicant's initial _____

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

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

County SAN DIEGO State CA Date registered OCT. 1968

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

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

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

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

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

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

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

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

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

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

SEE PAGE 00

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

*E. SUBPOENAED TO TESTIFY IN CIVIL LITIGATION ONLY WHEN I WAS EITHER A WITNESS OR COMPLAINANT/LITIGANT.

Applicant's initial _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☒ No ☐ (Other than divorces)
 If yes, give details below 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
GINGLES V. LORENG PROBATE	~ 1999	SAN DIEGO SUP P175402 + W49621	SAN DIEGO, SAN DIEGO, CA	~ 1999
INGTEGRA V. VILMOGARO/GINGLES CONTRACT DISPUTE	06/16/2006	CIV 85807383	SAN BERNARDINO CITY/CLY, CA	~ 2009

- 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
DULMOGARO V. DIAZ/ SANDARA PLAINTIFFS, FRAUD/BANKRUPTCY	C CORP. V. INDIVIDUAL	09/09/2004
VILMOGARO V. ROBT SUBR PLAINTIFFS, FRAUD, FIDUCIARY	C CORP. V. INDIVIDUAL	02/20/2011
VILMOGARO V. U.S. CROSS-COMPLAINT, CONTRACT DISPUTE	C CORP. / C CORP.	04/21/2005
VILMOGARO V. AIR 665 CONTRACT DISPUTED	C CORP. / C CORP.	04/14/2005

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
ARCH 2009 - PRESENT	4767 OCEAN BLVD #411	SAN DIEGO	CA 92109
JUNE 1993 - ARCH 2009	10412 SEVERN ST.	REDLANDS	CA 92374
APRIL 1986 - JUNE 1993	1141 BLUE RIDGE LN.	COLTON	CA 92324
JUNE 1981 - APRIL 1986	1141 BLUE RIDGE LN.	COLTON	CA 92324
	1070 SANTA ANTONIO DR #63	COLTON	CA 92324

Applicant's initial

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year JUNE 1996-CURRENT	Name/Mailing Address of Employer/Business PURABLE RESPIRATORY PO BOX 781, COLTON, CA 95314	Reason for Leaving EMPLOYED CURRENTLY
Title CEO	Description of Duties MANAGED MEDICAL EQUIP- MENT + SUPPLIES CO.	Name of Supervisor SELF
Month and Year MARCH 1989-JUNE 1996	Name/Mailing Address of Employer/Business HOMEDIC, INC 1420 E. COLTON AVE, #120, COLTON, CA 95314	Reason for Leaving BETTER OPPORTUNITY
Title GEN. MGR	Description of Duties MANAGED DME/HME + SUPPLIES CO.	Name of Supervisor PHIL SCHLOSSER SELF + PAUL SEMERAN
Month and Year 1986 - SEPT 1991	Name/Mailing Address of Employer/Business PURE AIR, INC #63 COLTON, 1070 SAN ANTONIO DR, CA 95314	Reason for Leaving CLOSED BUSINESS ECONOMY, CONSTRUCTION
Title OWNER	Description of Duties HVAC CONTRACTOR, CONSTRUCTION	Name of Supervisor SELF
Month and Year 1981-1986	Name/Mailing Address of Employer/Business BURTON CONSTRUCTION RIALTO, CA 91376	Reason for Leaving STARTED OWN BUSINESS
Title PROJECT MGR	Description of Duties SUPERVISOR NEW CONSTRUCTION PROJECTS	Name of Supervisor WAYNE BURTON
Month and Year 1977-1981	Name/Mailing Address of Employer/Business TELEPHONE, INC, SUB. OF THE STATE CENTRAL CITY, CA	Reason for Leaving STRESS, NEEDED CHANGE
Title MARKET RESEARCH + ACQUISITIONS	Description of Duties COORDINATED MKT. RESEARCH + IMPLEMENTATION FOR VARIOUS TELEPHONE COMPANIES	Name of Supervisor FRANK GREGGINS VARIOUS OFFERS
Month and Year 1972-1977	Name/Mailing Address of Employer/Business WRT STUDIOS WITH VARIOUS LOW END STUDENT JOBS	Reason for Leaving (SEE SECTION 4, P 63)
Title (SEE SECTION 4, P 63)	Description of Duties (SEE SECTION 4, P 63)	Name of Supervisor (SEE SECTION 4, P 63)
Month and Year 1968-1974	Name/Mailing Address of Employer/Business KAILINS VALLEY MARKET ECCATON, CA 92021	Reason for Leaving WRT STUDIOS, MOVED FROM AREA
Title CHECKER	Description of Duties CASHIER/STOCK INVENTORY, SHIFT SUPERVISOR RETAIL GROCERY STORE	Name of Supervisor TONY KAILIN
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

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>LARRY DEBUSTOY</u>	Home	<u>8628</u>	<u>WASHINGTON</u>	<u>ME</u>	<u>91941</u>	<u>32</u>
Employer <u>DEBUSTOY AUTOMOTIVE</u>	Business	<u>4283 41 ST</u>	<u>SAN</u>	<u>92105</u>	<u>DIEGO CA</u>	
Name <u>GILBERT ORTIZ</u>	Home	<u>24331</u>	<u>WADSWORTH</u>	<u>CA</u>		<u>8</u>
Employer <u>IN+OUT BURGERS</u>	Business	<u>4195</u>	<u>HAWTHORNE</u>	<u>CA</u>		<u>8</u>
Name <u>JIMMY McDONALD</u>	Home	<u>10439</u>	<u>SHORE CREEK TR</u>	<u>CA</u>		<u>6</u>
Employer <u>Two Chance Kids, Inc</u>	Business	<u>2097</u>	<u>WASHINGTON ST</u>	<u>CA</u>		
Name <u>JOHN LOOPS</u>	Home	<u>1875</u>	<u>SUGAR PINE LN</u>	<u>CA</u>		
Employer <u>LOOPS COMPUTER SERVICES</u>	Business	<u>2097</u>	<u>E. WASHINGTON</u>	<u>CA</u>		
Name <u>ROBT JOHNSON</u>	Home	<u>2809</u>	<u>E. HAMILTON</u>	<u>WI</u>		
Employer <u>REMEDY MEDICAL SERVICES</u>	Business	<u>59701</u>	<u>EAU CLAIRE</u>	<u>WI</u>		

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

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

Yes ☒ No ☐

If yes, state type, where and years held

1) INSULATION CONTRACTOR CALIF. 1981-1991
 2) HVAC CONTRACTOR CALIF. 1986-1991
 3) REAL ESTATE SALESPERSON CALIF. 1974-1976

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

[Signature]

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒ If yes, please provide details and a written explanation.

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

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

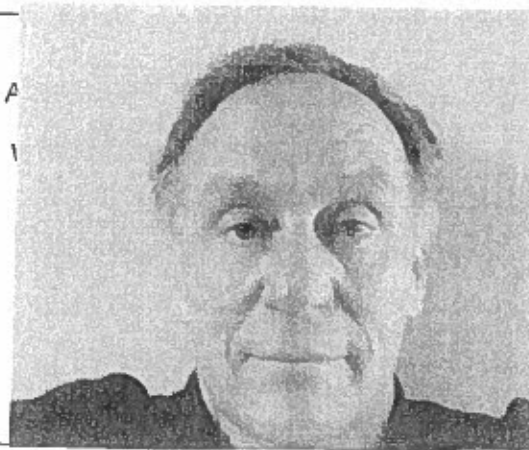
14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒ If yes, please provide details and a written explanation

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒ If yes, please provide details and a written explanation

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes ☐ No ☒ If yes, please provide details and written explanation

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation



Date of photograph _____

Applicant's initial _____

STATE OF California SS.

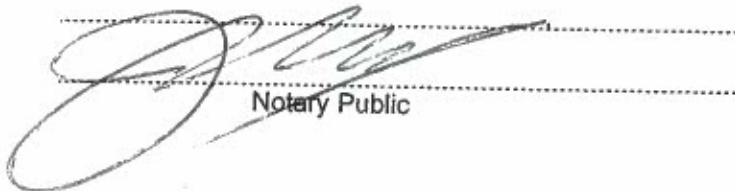
COUNTY OF San Bernardino

I, BRUCE GINGLES, 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,

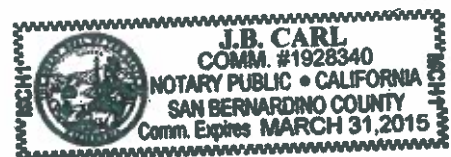
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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


Signature of Applicant

Subscribed and Sworn to before me this 7 day of June, 2011


Notary Public

(seal)



Applicant's initial lg Page 9

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

Date 5/15/11

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 GASES & RESPIRATORY EQUIPMENT
Nature of MDEG
PULMOCARE RESPIRATORY SERVICES, INC. 2675 PATRICK LANE, STE 7 LAS VEGAS, NV
Name and Address of Business for Which MDEG Administrator Is Requested 89120

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

1. PERSONAL INFORMATION:

Graves

Last Name

Nicholas

First Name

Todd

Middle Name

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

11745 Tierney Creek Dr

Present Residence Address-Street or RFD

Las Vegas

City

NV 89183

State/Zip

2675 E. Patrick Ln.

Present Business Address

Dates

Las Vegas

City

NV 89120

State/Zip

ADMINISTRATOR

Dates

Present Position with the MDEG

Phone: 702-510-6119

Fax: 702-534-0116

Email address: nick@pulmo-care.com

Chandler, Maricopa, AZ

Place of Birth (City, County, State)

28

Age

M

Sex

Hazel

Color of Eyes

Brown

Color of Hair

205

Weight

5' 10"

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.)

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.

July 2001	United States Marine Corps	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Non Commissioned Officer	In charge of medivac and first aid.	MSGT Geagley
Title	Description of Duties	Name of Supervisor
	Repair, testing, calibrating medical equipment, In charge of Supplies for high acclivity Medivac.	
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:
b)

State: _____

Date: _____

Case Number: _____

- c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

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

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

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

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written explanation and/or documents.

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



Date of photograph 5/5/11

Nicholas Graves

....., 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.



.....
Signature of Applicant

PERSONAL HISTORY RECORD

Date 5/15/11

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 MDEG FOR MEDICAL GASES & Respiratory Equipment
PulmoCare Respiratory Services Inc. 2675 Patrick Lane, Ste 7 Las Vegas NV 8912
Nature of License
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Graves First Name Nicholas Middle Name T
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

11
Present Residence Address-Street or RFD 11745 Tierney Creek Dr City Las Vegas State/Zip NV 89183
Present Business Address 2675 E. Patrick Ln. City Las Vegas State/Zip NV 89120
Occupation Administrator Phone

Date of Birth 11 Place of Birth (City, County, State) Chandler Maricopa Az Sex M
Hazel Brown White 205 M 5'9"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Two Tattoos on Both Arms

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

MARITAL INFORMATION-Continued

A. Current Marriage Oct. 26 2001 Las Vegas, Clark NV
 Date City, County and State
 Spouse's full name (Maiden) Brittney Graves S.S. No.
 Date of Birth 11/25/83 Place of Birth Cheyenne Wyoming
 Resident address 11745 Tierny Creek Dr. Las Vegas NV 89183
 Street City State Zip
 Telephone: Residence (702) 806-4289 Business (702) 576-7355
 Spouse's employer SNO Inc. Occupation Customer Service
 Address of employer 187 N. Gibson Rd. Henderson NV 89014
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

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

[Signature]

FAMILY INFORMATION-Continued

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

Name _____

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Address	Occupation
Father <u>Albert Graves</u>	<u>24204 S. Storey Path Dr Sun Lakes AZ</u>	<u>Civil Engineer</u>
Mother <u>Susan Scofield</u>	<u>Same as above</u>	<u>Transcriptionist</u>
Father-in-Law <u>Deceased</u>		
Mother-in-Law <u>Pamela Delio</u>	<u>11594 Sweet Nokian Ln NV ⁸⁹¹⁸³</u>	<u>Bingo Supervisor</u>

D. Brothers and Sister

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

Name (Maiden)	Birth Date	Address	Occupation
<u>Gretchen Graves</u>		<u>Boulder City NV</u>	<u>City of Henderson</u>
Spouse <u>Gary Poindexter</u>		<u>Boulder City NV</u>	<u>City of Boulder City</u>

Spouse _____

Spouse _____

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>West Jefferson Elementary</u>	<u>Conifer CO</u>	<u>8/92 5/96</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Silverado High</u>	<u>Las Vegas NV</u>	<u>8/99-5/01</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College <u>Golf Academy of Arizona</u>	<u>Arizona</u>	<u>8/05 12/07</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Associates in Business

College or university where obtained Virginia University

Applicant's initial AM

5 MILITARY INFORMATION:

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

Branch United States Marine Corps Date of entry-active service 7/30/2001

Date of separation 7/31/2005 Type of discharge Honorable

Rating at separation E-4 Serial number 1

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

N/A

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

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

Applicant's initial NH

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
2/2009 - Present	11745 Tiraney Creek Dr	Las Vegas	NV Clark
5/2007 - 2-2009	10783 Holmfild St	Henderson	NV Clark
8/2005 - 5/2007	24204 S. Stoner Path Dr	Sun Lakes	AZ Maricopa
7/2001 - 8/2005	2321 Catalina Cir	Oceanside	CA Orange
7/2009 - 7/2001	153 Ultra Drive	Henderson	NV Clark
8/1992 - 7/2009	31227 Conifer Mtn Dr	Conifer	CO Jefferson
8/1988 - 8/1992	Egypt		
4/1983 - 8/1988	Chandler		AZ Maricopa

Applicant's initial

NU

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
03/2001	Pulmo Care 2675 E. Patrick Lane Las Vegas NV	Still working
		Alma Lopez
09/2009	Las Vegas Parking 7285 Dean Martin Dr #100 Las Vegas NV	Went to Pulmo
Jalet	To park cars	Chris Jones
3/2008	Knight Transportation 4020 E. Lane Mtn RD North Las Vegas NV	To much time away from family
Driver	To drive state to state	Ben Green
3/2007	RSC 3380 St. Rose Pkwy Henderson NV	Laid off
Driver	To deliver Equipment	Scott Sabato
1/2007	Loues 9955 S. Eastern Ave @ Henderson NV	Went to RSC
Driver	to deliver home goods	Martine Apudella
07/2001 07/2005	USMC Camp Pendleton CA	To many deployments
NCO	Supervised Medical	MSGT Gca
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

McL

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>Mike Varz</u> Employer <u>Clark County School Police</u>	Home <u>245 Fairway</u> Business <u>89148</u>	<u>Wendover</u>	<u>NV</u>	<u>89148</u>	<u>() () ()</u>	<u>31 7 years</u>
Name <u>Jeff Williams</u> Employer _____	Home <u>5422 S 4175 W</u> Business _____	<u>Pay</u>	<u>UT</u>	<u>84148</u>	<u>() () ()</u>	<u>7 years</u>
Name _____ Employer _____	Home _____ Business _____	_____	_____	_____	<u>() () ()</u>	_____
Name _____ Employer _____	Home _____ Business _____	_____	_____	_____	<u>() () ()</u>	_____
Name _____ Employer _____	Home _____ Business _____	_____	_____	_____	<u>() () ()</u>	_____
Name _____ Employer _____	Home _____ Business _____	_____	_____	_____	<u>() () ()</u>	_____

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

Applicant's initial

W

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒ If yes, please provide details and a written explanation.

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

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

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

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒ If yes, please provide details and a written explanation

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes ☐ No ☒ If yes, please provide details and written explanation

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation



Date of photograph 5/5/11

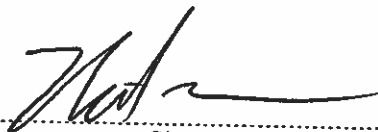
Applicant's initial N

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 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.

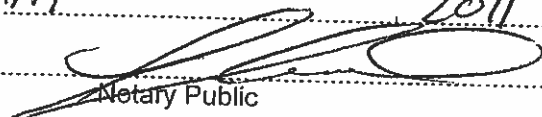


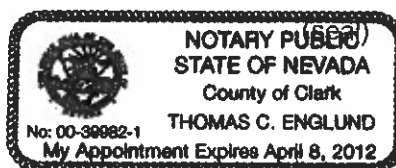
Signature of Applicant

Subscribed and Sworn to before me this 19 day of

MAY

2011


Notary Public



Applicant's initial



Don't

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440

(This application can not be used by PA's or APN's)

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable)

First: Kent Middle: Alan Last: Swaine Degree: MD
Practice Name (if any): Diagnostic Center of Medicine
Nevada Address: 861 Coronado Center Drive Suite #: 100
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)
PO Box: _____ E-mail address: Hames @ DCOMNV.com
City: Henderson State: NV Zip Code: 89052
Nevada Telephone: (702) 454-1322 Nevada Fax: (702) 454-1624
Date of Birth: _____ Sex: (M) or F
Practitioner License Number: 13917 Specialty: Family Practice

You must be licensed with your respective BOARD before we will process this application.

- 1) I have ☒ I have not _____ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 2) I have _____ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ☒ I have not _____ been the subject of an administrative action whether completed or pending.
- 4) I have ☒ I have not _____ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and provide an explanation and/or documents.

a) Board Administrative Action and/or State: NV Date: 10/14/08 Case Number: 07-20873

b) Criminal Action State: _____ Date: _____ Case Number: _____

County: _____ Court: _____

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct.

Signature _____

Date 6/14/11

Board Use Only

Received: JUN 23 2011 Check Number: 406 Amount: 80-

57194

6/14/2011

Nevada State Board of Pharmacy

RE: Kent Alan Swaine, M.D.

NSBME Case Number: 07-20873-1

On 10/14/2008 my Nevada State medical license was revoked by the NSBME for breaking my probation set by the NSBME for substance abuse. I then went to rehab treatment at Betty Ford Treatment Center for a period of six months. I am an active member of the Nevada Professionals Assistance Program and have been sober for almost three years now. My Nevada State medical license was reinstated on 6/10/2011 by the NSBME.

Sincerely,



Kent Alan Swaine, M.D.

6/14/2011

email: swaine.kent@gmail.com
Phone: (702) 596-2080

[illegible]

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1 d. Dr. Swaine shall not prescribe any controlled substance or dangerous drug
2 as defined in NRS 454 to any member of his immediate family or himself and shall
3 prescribe controlled substances or dangerous drugs only in the manner authorized by
4 law;

5 e. Dr. Swaine shall submit to random alcohol and/or drug screens requested
6 by the Nevada State Board of Medical Examiners in addition to any such screens
7 required by NPAP, at his own expense;

8 f. Dr. Swaine shall notify the Nevada State Board of Medical Examiners
9 within forty-eight (48) hours of any arrest or criminal conviction, including
10 misdemeanors, or any admission for treatment of substance abuse or psychological
11 illness;

12 g. Dr. Swaine must practice only with one or more Nevada licensed
13 physicians and must provide a copy of this agreement to all his practice partners and
14 obtain from them a written acknowledgement that they have received said copy;

15 h. Dr. Swaine shall submit to a psychological and/or psychiatric evaluation if
16 requested to do so by the Nevada State Board of Medical Examiners and shall sign any
17 necessary release of information for the results to be forwarded to the Board;

18 i. Dr. Swaine shall be responsible for the reasonable costs, if any, of
19 monitoring his compliance with these conditions and shall remit said costs within thirty
20 (30) days of the due date of any invoice presented by the Board.

21 Conditions "e" through "i" of this Order shall remain in effect until
22 December 1, 2015.

23 Failure to comply with the terms of this Order is grounds for disciplinary action
24 being initiated pursuant to Nevada Revised Statute Section 630.3065(2)(a).

25 Dated this ____ day of June, 2011.

26 NEVADA STATE BOARD OF MEDICAL EXAMINERS

27
28 _____
Charles N. Held, M.D, President
Nevada State Board of Medical Examiners

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

In the Matter of the Charges and
Complaint Against:

KENT ALAN SWAINE, M.D.,

Respondent.

Case No. 07-20873-1

October 14, 2008


Executive Director

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The above-entitled matter came on regularly for decision before the Nevada State Board of Medical Examiners, hereinafter "Board," on Friday, October 3, 2008, at the Board's Office located at 1105 Terminal Way, Suite 301, Reno, Nevada 89502, on the Motion for Order to Show Cause filed herein. Respondent, KENT ALAN SWAINE, M.D., hereinafter "Respondent," was not present at the meeting.

The Members of the Board participating in the decision were: Javaid Anwar, M.D.; Sohail Anjum, M.D.; Van V. Heffner; S. Daniel McBride, M.D; Benjamin J. Rodriguez, M.D. and Renee West. All other remaining members of the Board, being members of the Investigative Committee which issued the complaint in this matter, were excused from participating and took no part in the proceedings of the Board. Christine M. Guerri-Nyhus, Chief Deputy Attorney General, acted as legal counsel to the Board.

The Board having received and read the complaint and exhibits offered in this matter and having reviewed and read all of the above, proceeded to make a decision pursuant to the provisions of NRS chapter 233B and NRS 630.352.

The Board after due consideration of the record, evidence and law, and being fully advised in the premises, makes its FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER in this matter as follows:

..

..

FINDINGS OF FACT

I.

Respondent held a license to practice medicine in the State of Nevada at all relevant times.

II.

A Motion for Order to Show Cause was filed by the Investigative Committee against Respondent in August of 2008 alleging that Respondent had failed to comply with a previously entered into Settlement Agreement with the Board.

III.

A Complaint and Request for Summary Suspension was filed against Respondent on November 26, 2007 based upon which the adjudicating member of the Board summarily suspended Respondent's license to practice medicine in the state of Nevada. On November 28, 2007, an Amended Complaint and Request for Summary Suspension was filed containing the same counts as set forth in the Complaint of November 26, 2007.

On February 20, 2008, a Second Amended Complaint was filed against Respondent containing two counts of engaging in conduct which is intended to deceive, violations of NRS 630.306(2)(a), one count of dependency on a controlled substance, a violation of NRS 630.306(10) and one count of prescribing a controlled substance or dangerous drug to himself or other except as authorized by law, a violation of NRS 630.306(3).

The matter was resolved by a Settlement, Waiver and Consent Agreement which was signed by Respondent and was adopted by the adjudicating members of the Board on March 28, 2008. In the settlement agreement, Respondent admitted to all counts alleged in the Second Amended Complaint and the Board imposed a revocation of Respondent's license to practice medicine in the state of Nevada, however the revocation was stayed and Respondent was place on probation for a period of five years with numerous conditions.

IV.

The conditions contained in the Settlement, Waiver and Consent Agreement included:

1 e. that Respondent shall submit to random alcohol and/or drug screens requested
2 by the Nevada State Board of Medical Examiners in addition to any such screens required by
3 the Nevada Professionals Health Program ("NPHP"), at his own expense; and

4 h. that Respondent shall comply with all terms and conditions of his contract with
5 the NPHP and shall extend his contract with the NPHP if so recommended by the program.

6 V.

7 Respondent failed to comply with paragraph "e" of the Settlement, Waiver and Consent
8 Agreement when he failed to submit to a drug screen on July 17, 2008 when presented with
9 an Order to do so by the Compliance Officer for the Board.

10 VI.

11 Respondent failed to comply with paragraph "h" of the Settlement, Waiver and Consent
12 Agreement when he failed to comply with all terms and conditions of his contract with the
13 NPHP. Respondent was inactivated from the NPHP on July 17, 2008 and thus is no longer
14 participating in NPHP.

15 VII.

16 The Board finds that the Respondent failed to comply with the Settlement, Waiver and
17 Consent Agreement when he failed to submit to the requested drug screen and when he failed
18 to comply with and maintain his contract with NPHP.

19 VIII.

20 If any of the foregoing Findings of Fact is more properly deemed a Conclusion of Law,
21 it may be so construed.

22 **CONCLUSIONS OF LAW**

23 I.

24 The Board has jurisdiction over Respondent.

25 II.

26 Respondent was properly served with notice of the Motion for Order to Show Cause
27 before the Hearing Officer, pursuant to NRS and NAC Chapters 630 and NRS Chapter 233B.
28

III.

The Board concludes that Respondent failed to comply with the Settlement, Waiver and Consent Agreement as described above.

IV.

If any of the foregoing Conclusions of Law is more properly deemed a Findings of Fact, it may be so construed.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing therefore,

IT IS HEREBY ORDERED that:

1. The stay of the revocation of Respondent's license as a physician in the State of Nevada contained in the Settlement, Waiver and Consent Agreement is hereby lifted; and that
2. Respondent's license as a physician in the State of Nevada is revoked.

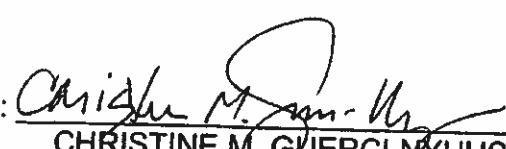
DATED this 14th day of October 2008.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:


CHARLES N. HELD, M.D., President

Submitted by:
CATHERINE CORTEZ MASTO
Attorney General

By: 
CHRISTINE M. GUERCI-NYHUS
Chief Deputy Attorney General
555 East Washington, # 3900
Las Vegas, Nevada 89101
Attorneys for Nevada State Board of Medical Examiners

CERTIFICATION

I hereby certify that the foregoing is the full and true original FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER on file in the office of the Board of Medical Examiners in the matter of KENT ALAN SWAINE, M.D., Case No. 07-20873-1.

I further certify that CHARLES N. HELD, M.D., is the President of the Nevada State Board of Medical Examiners and that full force and credit is due to his official acts as such; and that the signature to the foregoing ORDER is the signature of said CHARLES N. HELD, M.D.

IN WITNESS THEREOF, I have hereunto set my hand in my official capacity as Secretary-Treasurer of the Nevada State Board of Medical Examiners.



RENEE WEST
Secretary-Treasurer
Nevada State Board of Medical Examiners

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4 **In The Matter of Charges and**)
5 **Complaint Against**)
6 **KENT ALAN SWAINE, M.D.,**)
7)
8 **Respondent.**)
9)

Case No. 07-20873-1
NO. _____

FILED 31 March 2008


EXECUTIVE DIRECTOR

10 **SETTLEMENT, WAIVER AND CONSENT AGREEMENT**

11 **THIS AGREEMENT** is hereby entered into by and between the Investigative Committee of the
12 Nevada State Board of Medical Examiners (the Board), composed of Charles N. Held, M.D., Chairman,
13 Jean Stoess, M.A., and Cindy Lamerson, M.D., by and through counsel, Lyn E. Beggs, Esq., and
14 Respondent herein, Kent Alan Swaine, M.D. (Respondent), representing himself, as follows:

15 **WHEREAS**, on or about November 26, 2007, the Investigative Committee filed a Complaint
16 and Request for Summary Suspension based upon which the adjudicating members of the Board
17 summarily suspended Respondent's license to practice medicine in the state of Nevada.

18 **WHEREAS**, on or about November 28, 2007, the Investigative Committee filed an Amended
19 Complaint and Request for Summary Suspension containing the same counts as included in the
20 Complaint and Request for Summary Suspension.

21 **WHEREAS**, on or about February 20, 2008, the Investigative Committee of the Nevada State
22 Board of Medical Examiners filed a Second Amended Complaint in the above-referenced matter, charging
23 Respondent with violations of the Medical Practice Act (NRS Chapter 630), to wit: two counts of
24 engaging in conduct which is intended to deceive, a violation of NRS 630.306(2)(a); one count of
25 dependency on a controlled substance, a violation of NRS 630.306(10); and one count of prescribing a
26 controlled substance or dangerous drug to or for himself or others except as authorized by law, a
27 violation of NRS 630.306(3).
28

1 **WHEREAS**, Respondent has received a copy of the Second Amended Complaint, reviewed it,
2 understands the nature and significance of the Second Amended Complaint, and Respondent is fully
3 advised concerning his rights and defenses to the Second Amended Complaint as well as the possible
4 sanctions that may be imposed if the Board finds and concludes that he has violated one or more
5 provisions of the Medical Practice Act; and

6 **WHEREAS**, Respondent understands and agrees that he has certain rights under the United States
7 Constitution and the Constitution of the state of Nevada, as well as under the Medical Practice Act
8 (NRS Chapter 630) and the Nevada Administrative Procedures Act (NRS Chapter 233B), including but
9 not limited to the right to a formal hearing on the charges against him, the right to representation by
10 counsel in the preparation and presentation of his defense, the right to confrontation and cross-examination
11 of witnesses against him, the right to present evidence and witnesses on his own behalf, the right to written
12 findings, conclusions and order regarding a final decision by the Board, and the right to judicial review of
13 any final decision by the Board that is adverse to him; and

14 **WHEREAS**, provided this Agreement is approved by the Board, Respondent agrees to waive all
15 of his rights under the United States Constitution, the Constitution of the state of Nevada, the Medical
16 Practice Act, and the Nevada Administrative Procedures Act, including but not limited to the right to a
17 hearing on the charges and written findings of fact, conclusions of law and order, and he agrees to settle
18 and resolve this matter of the Second Amended Complaint filed against him by way of, and in accordance
19 with, this Settlement, Waiver and Consent Agreement; and

20 **WHEREAS**, Respondent understands and agrees that this Agreement is entered into by and
21 between himself and the Board's Investigative Committee, and not with the Board, but that the
22 Investigative Committee will present this Agreement to the Board for consideration in open session at a
23 regularly-scheduled quarterly meeting, duly noticed, and that the Investigative Committee shall advocate
24 approval of this Agreement by the Board, but that the Board has the right to decide in its own discretion
25 whether or not to approve this Agreement; and

26 **WHEREAS**, Respondent and the Investigative Committee each understand and agree that if the
27 Board approves the terms, covenants and conditions of this Agreement, then the terms, covenants and
28

1 conditions enumerated below shall be binding and enforceable upon Respondent and the Board's
2 Investigative Committee; and

3 **WHEREAS**, Respondent has reviewed and understands all the relevant facts and circumstances of
4 this matter and after due consideration concedes that he did engage in activity meant to deceive, does have
5 a drug dependence and did prescribe a controlled substance or dangerous drug in a manner not authorized
6 by law as outlined in the Second Amended Complaint filed by the Investigative Committee of the Nevada
7 State Board of Medical Examiners in this case.

8 **NOW THEREFORE**, in order to resolve the above-captioned case and charges brought against
9 Respondent by the Board's Investigative Committee in said matter, Respondent and the Investigative
10 Committee hereby agree to the following terms, covenants and conditions:

11 1. **Jurisdiction.** Respondent is, and at all times mentioned in the complaint filed in the
12 above-captioned matter was, a physician licensed to practice medicine in the state of Nevada subject to the
13 jurisdiction of the Board to hear and adjudicate charges of violations of the Medical Practice Act
14 (NRS 630), and to impose sanctions as provided by the Act.

15 2. **Representation by Counsel.** Respondent acknowledges that he is not represented by
16 counsel and wishes to proceed towards resolution of this matter as set forth in this Agreement without
17 counsel. Respondent understands and acknowledges that he may retain and consult counsel prior to
18 entering into this Agreement and agrees that if counsel is retained for representation in this matter prior to
19 entering into this Agreement, that counsel for the Investigative Committee will be informed of such prior
20 to Respondent executing this Agreement.

21 3. **Waiver of Rights.** Respondent covenants and agrees that he enters into this Agreement
22 knowingly, willingly, and intelligently with knowledge that he may consult with counsel prior to entering
23 into this Agreement. In connection with this Agreement, and the terms, covenants and conditions
24 contained herein, Respondent knowingly, willingly and intelligently, without the advice of counsel, waives
25 all rights arising under or pursuant to the United States Constitution, the Constitution of the state of
26 Nevada, NRS Chapter 630 and NRS Chapter 233B that may be available to him or that may apply to him
27 in connection with the proceeding regarding the Second Amended Complaint filed herein, the defense of
28 said complaint and the adjudication of the charges in said complaint, and Respondent further agrees that

1 the matter of the disciplinary action commenced by the filing of the Second Amended Complaint herein
2 may be settled and resolved in accordance with this Agreement without a hearing or any further
3 proceeding, and without the right to judicial review.

4 4. **Acknowledgement of Reasonable Basis to Proceed.** Respondent covenants and agrees
5 that the Board's Investigative Committee has a reasonable basis to believe that Respondent violated one or
6 more provisions of the Medical Practice Act.

7 5. **Consent to Entry of Order.** In order to resolve the matter of these disciplinary
8 proceedings pending against him without any further cost and expense of providing a defense to the
9 complaint, Respondent hereby agrees that an order may be entered herein by the Board against him,
10 finding that Respondent has violated the Medical Practice Act, to wit: two counts of engaging in activity
11 meant to deceive, violations of NRS 630.306(2)(a); one count of having a drug dependency, a violation
12 of NRS 630.306(10); and one count of prescribing a controlled substance or dangerous drug in a manner
13 not authorized by law, a violation of NRS 630.306(3) and ordering that Respondent's license to practice
14 medicine be revoked. Said revocation shall be stayed and Respondent shall be placed on probation for
15 five (5) years with the following terms and conditions:

16 a. that Respondent shall not be reinstated to active status until such time as the Nevada
17 Professionals Health Program (NPHP) has stated in writing that Respondent is able to safely resume the
18 practice of medicine and the Nevada State Board of Medical Examiners has issued and served upon
19 Respondent an Order stating that Respondent is reinstated to active status;

20 b. that Respondent shall be issued a public reprimand;

21 c. that Respondent shall contact the Compliance Officer of the Nevada State Board of
22 Medical Examiners (hereinafter "Compliance Officer") within thirty (30) days of the approval and
23 acceptance of this Agreement in order to provide information regarding the most expeditious method of
24 contacting him;

25 d. that Respondent shall comply with all federal, state and local laws and rules governing
26 the practice of medicine in Nevada at all times he is practicing within the state;

27 e. that Respondent shall submit to random alcohol and/or drug screens requested by the
28

1 Nevada State Board of Medical Examiners in addition to any such screens required by NPHP, at his
2 own expense;

3 f. that Respondent shall notify the Nevada State Board of Medical Examiners within forty-
4 eight (48) hours of any arrest, criminal conviction, including misdemeanors, or any admission for
5 treatment of substance abuse or psychological illness;

6 g. that Respondent, once reinstated to practice medicine, will be restricted to only
7 practicing with one or more medical doctors and/or doctors of osteopathy and must provide a copy of
8 this agreement to all his practice partners and obtain from them a written acknowledgement that they
9 have received said copy;

10 h. that Respondent shall comply with all terms and conditions of his contract with the
11 NPHP and shall extend his contract with the NPHP if so recommended by the program;

12 i. that Respondent shall sign a new release of information allowing the Nevada State Board
13 of Medical Examiners to communicate and receive any and all information from the NPHP regarding
14 Respondent's treatment through said program;

15 j. that Respondent shall sign a new release of information allowing the Nevada State Board
16 of Medical Examiners to communicate and receive any and all information from any treatment program
17 that Respondent has attended, is attending or will attend for the treatment of substance abuse or
18 psychological illness;

19 k. that Respondent shall submit to a psychological and/or psychiatric evaluation if
20 requested to do so by the Nevada State Board of Medical Examiners and shall sign any necessary
21 release of information for the results to be forwarded to the Board;

22 l. that Respondent shall not prescribe any controlled substance or dangerous drug as
23 defined in NRS 454 to any member of his immediate family or himself and shall prescribe controlled
24 substances or dangerous drugs only in the manner authorized by law;

25 m. that Respondent agrees that if he is charged with professional misconduct in the future,
26 this Agreement, and/or any related orders, and/or records of his compliance, may be admitted into
27 evidence at a hearing regarding the alleged professional misconduct, at the sole discretion of the
28 Investigative Committee;

1 n. that Respondent agrees to pay the costs of investigation and prosecution of this matter in
2 the current amount of \$4287.64, along with the costs to conclude the matter, if any, within sixty (60)
3 days of the Board's acceptance and approval of this Agreement;

4 o. that Respondent agrees to pay the reasonable costs, if any, of monitoring his probation to
5 the Nevada State Board of Medical Examiners and shall pay said costs within thirty (30) days of the due
6 date of any invoice presented by the Board.

7 p. that no sooner than six months prior to end the five year probationary term, Respondent
8 agrees to file a written petition for restoration of an unrestricted license, including proof of compliance
9 with all conditions of this Agreement, to practice medicine in the state of Nevada and, if requested, to
10 appear in front of the Nevada State Board of Medical Examiners at a regularly scheduled Board
11 meeting, with the understanding that restoration of an unrestricted license will not be unreasonably
12 denied.

13 6. **Procedure for Adoption of Agreement.** The Investigative Committee and counsel for
14 the Investigative Committee shall recommend approval and adoption of the terms, covenants and
15 conditions contained herein by the Board in resolution of the disciplinary proceedings pending herein
16 against Respondent pursuant to the Second Amended Complaint. In the course of seeking Board
17 approval, adoption and/or acceptance of this Agreement, counsel for the Investigative Committee may
18 communicate directly with the Board staff and members of the panel of the Board who would
19 adjudicate this case if it were to go to hearing. Respondent covenants and agrees that such contacts and
20 communication may be made or conducted ex parte, without notice or opportunity to be heard on his
21 part or on the part of his counsel, should he retain counsel, and that such contacts and communications
22 may include, but not be limited to, matters concerning this Agreement, the Second Amended Complaint
23 and the allegation therein, any and all evidence that may exist in support of the Second Amended
24 Complaint, and any and all information of every nature whatsoever related to the Second Amended
25 Complaint against Respondent.

26 7. **Board Approval Required.** This Agreement will be placed on the next available Agenda
27 of a regularly-scheduled and duly-noticed quarterly Board meeting. It is expressly understood that this
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1 Agreement will only become effective if the Board approves the recommendation of the Investigative
2 Committee for acceptance.

3 8. Effect of Acceptance of Agreement by Board. In the event the Board approves,
4 accepts and adopts the terms, covenants and conditions set out in this Agreement, counsel for the
5 Investigative Committee will cause to be entered herein the Board's Order finding Respondent twice
6 violated NRS 630.306(2)(a), which states the engaging of conduct which is intended to deceive is grounds
7 for discipline, when he twice practiced medicine after being informed by the NPHP that he was not fit
8 to practice medicine; also finding Respondent violated NRS 630.306(10), which states that dependency
9 on controlled substances is grounds for discipline, due to his multi-year use of controlled substances,
10 namely opiates; and also finding Respondent violated NRS 630.306(3), which states that prescribing
11 controlled substances or dangerous drugs except as authorized by law is grounds for discipline, when he
12 prescribed schedule II controlled substances for his wife on multiple occasions.

13 9. Effect of Rejection of Agreement by Board. In the event the Board does not approve,
14 accept and adopt the terms, covenants and conditions set out in this Agreement, this Agreement shall be
15 null, void, and of no further force and effect except as to the following covenant and agreement
16 regarding disqualification of adjudicating Board panel members. Respondent agrees that,
17 notwithstanding rejection of this Agreement by the Board, nothing contained herein and nothing that
18 occurs pursuant to efforts of the Investigative Committee or its counsel to seek acceptance and adoption
19 of this Agreement by the Board shall disqualify any member of the adjudicating panel of the Board from
20 considering the charges against Respondent and participating in the disciplinary proceedings in any role,
21 including adjudication of the case, and Respondent further agrees that he shall not seek to disqualify any
22 such member absent evidence of bad faith.

23 10. Release From Liability. In execution of this Agreement, the Respondent, for himself,
24 his executors, successors and assigns, hereby releases and forever discharges the state of Nevada, the
25 Board, the Nevada Attorney General, and each of their members, agents and employees in their
26 representative capacities, and in their individual capacities absent evidence of bad faith, from any and
27 all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands
28 whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or

1 claim to have, against any or all of the persons or entities named in this paragraph arising out of or by
2 reason of this investigation, this disciplinary action, this settlement or its administration, in connection
3 with the complaint. The Investigative Committee hereby agrees to accept this Agreement in full
4 settlement of all claims related to the complaint, with the understanding that the final decision rests with
5 the Board.

6 11. **Binding Effect.** Respondent covenants and agrees that this Agreement is a binding and
7 enforceable contract upon Respondent and the Board's Investigative Committee, which contract may be
8 enforced in a court or tribunal having jurisdiction.

9 12. **Forum Selection Clause.** Respondent covenants and agrees that in the event either
10 party is required to seek enforcement of this Agreement in the district court, he consents to such
11 jurisdiction, and covenants and agrees that exclusive jurisdiction shall be in the Second Judicial District
12 Court of the State of Nevada in and for the County of Washoe.

13 13. **Attorneys' Fees and Costs.** Respondent covenants and agrees that in the event an
14 action
15 is commenced in the district court to enforce any provision of this Agreement, the prevailing party shall
16 be entitled to recover reasonable costs and attorneys' fees.

17 14. **Failure to comply with terms.** In the event the Board enters its Order approving this
18 Agreement, should Respondent fail to comply with the terms recited herein, the Board shall impose the
19 stayed revocation of Respondent's license to practice medicine and would then have grounds, after
20 notice and a hearing, to take disciplinary action against Respondent for the subject's violation of an
21 Order of the Board in accordance with NRS 630.3065(2)(a).

22 Dated this 21st day of February 2008.

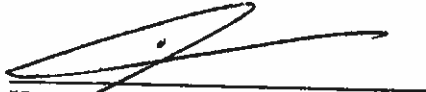
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25 Lyn E Beggs, Esq.
26 Attorney for the Investigative Committee
27 of the Nevada State Board of Medical Examiners
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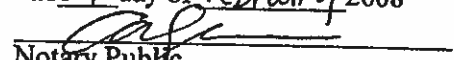
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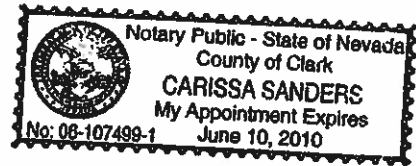
I am in agreement with all of the terms of the foregoing Settlement, Waiver and Consent Agreement signed on the 21st day of February, 2008, by Lyn E. Beggs, Esq., Attorney for the Investigative Committee.

Dated this 27th day of February 2008.


Kent Alan Swaine, M.D.
Respondent

Signature of Kent Alan Swaine, M.D.
subscribed and sworn to before me
this 27th day of February 2008


Notary Public



1 IT IS HEREBY ORDERED that the foregoing Settlement, Waiver and Consent Agreement is approved
2 and accepted by the Nevada State Board of Medical Examiners on the 28th day of March 2008, with the
3 final total amount of costs due of \$4,287.64.

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6 JAVAID ANWAR, President
7 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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Plant

(This application can not be used by PA's or APN's)

CONTROLLED SUBSTANCE APPLICATION**Registration Fee: \$80.00 (non-refundable)**First: Joel Middle: Edward Last: Washington Degree: M.D.

Practice Name (if any): _____

Nevada Address: 9410 Del Webb Blvd. Suite #: _____

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ E-mail address: Joelw@cox.netCity: Las Vegas State: NV Zip Code: 89134Nevada Telephone: (702) 649-4297 Nevada Fax: (702) 642-3308Date of Birth: _____ SS#: _____ Sex: M or FPractitioner License Number: 5955 Specialty: Internal Medicine**You must be licensed with your respective BOARD before we will process this application.**

- 1) I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 2) I have ☒ I have not ☐ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.
- 4) I have ☒ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

I'm currently in the pre-op Rehab program at Montefiore hospital
 If you checked "I have" to questions 2, 3 or 4 above, please include the following information and provide an explanation and/or documents.

- a) Board Administrative Action State: NV Date: 5/2/10 Case Number: 10-8162
 and/or
- b) Criminal Action State: NV Date: 1/4/11 Case Number: 10F0751

County: Clark Court: District Court

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct.

Signature: Joel Washington Date: 4/26/11

Board Use Only

Received: APR 28 2011 Check Number: 368 Amount: 80.00

56690

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4 In The Matter of Charges and)
5 Complaint Against)
6 JOEL WASHINSKY, M.D.,)
7 Respondent.)
8 _____
9

Case No. 10-8162-1

FILED

MAR 14 2011

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

10 **SETTLEMENT, WAIVER AND CONSENT AGREEMENT**

11 **THIS AGREEMENT** is entered into by and between the Investigative Committee (IC) of
12 the Nevada State Board of Medical Examiners (the Board) composed of
13 Charles N. Held, M.D, Theodore Berndt, M.D. and Ms. Valerie Clark by and through counsel, Lyn
14 E. Beggs, Esq., and Joel Washinsky, M.D. (Respondent), by and through his counsel A. Maria
15 Maskall, Esq., as follows:

16 **WHEREAS**, on May 5, 2010, the Board's IC filed an Order of Summary Suspension,
17 suspending Respondent's license to practice medicine in the state of Nevada and subsequently on
18 May 26, 2010 filed a Complaint in the above referenced matter charging Respondent with
19 engaging in conduct that is grounds for discipline pursuant to the Medical Practice Act (NRS
20 Chapter 630 and NAC Chapter 630) to wit: one count of dependency on controlled substances as
21 set forth in count I of the Complaint, a violation of NRS 630.306(8); one count of engaging in
22 conduct which is a violation of a regulation adopted by the State Board of Pharmacy as set forth in
23 count II of the Complaint, a violation of NRS 630.306(2)(c); and two counts of administering,
24 dispensing or prescribing a controlled substance or dangerous drug except as authorized by law as
25 set forth in counts III and IV of the Complaint, violations of NRS 630.306(3); and

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1 WHEREAS, Respondent has received and reviewed a copy of the Complaint, understands
2 it, and has consulted with competent counsel A. Maria Maskall, Esq., concerning the nature and
3 significance of the Complaint and is fully advised concerning his rights and defenses to the
4 Complaint as well as the possible sanctions that may be imposed if the Board finds and concludes
5 that he has engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act
6 and after due consideration concedes that he is in violation of the Medical Practice Act as set forth
7 in counts I, II and III of the Complaint; and

8 WHEREAS, Respondent understands and agrees that this Agreement is entered into by
9 and between himself and the Board's Investigative Committee, and not with the Board, but that the
10 Investigative Committee will present this Agreement to the Board for consideration in open
11 session at a Board meeting, appropriately noticed, and that the Investigative Committee shall
12 advocate approval of this Agreement by the Board, but that the Board has the right to decide in its
13 own discretion whether or not to approve this Agreement; and

14 WHEREAS, Respondent and the Investigative Committee each understand and agree that
15 if the Board approves the terms, covenants and conditions of this Agreement, then the terms,
16 covenants and conditions enumerated below shall be binding and enforceable upon Respondent
17 and the Board's Investigative Committee; and

18 NOW THEREFORE, in order to resolve the above-captioned case and charges brought
19 against Respondent by the Board's Investigative Committee in said matter, Respondent and the
20 Investigative Committee hereby agree to the following terms, covenants and conditions:

21 1. Consent to Entry of Order. In order to resolve the matter of these disciplinary
22 proceedings pending against him without any further costs and expense of providing a defense to
23 the Complaint or to any amended complaints, Respondent hereby agrees that an order may be
24 entered herein by the Board finding that Respondent engaged in conduct that is grounds for
25 discipline pursuant to the Medical Practice Act to wit: one count of dependency on controlled
26 substances as set forth in count I of the Complaint, a violation of NRS 630.306(8); one count of
27 engaging in conduct which is a violation of a regulation adopted by the State Board of Pharmacy as
28 set forth in count II of the Complaint, a violation of NRS 630.306(2)(c); and one count of

1 administering, dispensing or prescribing a controlled substance or dangerous drug except as
2 authorized by law as set forth in count III of the Complaint, a violation of NRS 630.306(3) and
3 ordering that Respondent's license to practice medicine be suspended for a period of forty-eight
4 (48) months. Respondent shall receive ten (10) months credit for the time his license has been
5 suspended since May 2010; the remainder of the suspension shall be stayed and Respondent shall
6 be placed on probation for a period of sixty (60) months with the following terms and conditions:

7 a) Respondent shall be issued a public reprimand;

8 b) Respondent shall complete his contract with the PRN-PRN program through Monte
9 Vista Hospital and shall comply with all terms of his contract;

10 c) Respondent shall submit to any additional random hair or urine screens as required
11 by the Board and shall be responsible for any costs associated with the required tests;

12 d) Respondent shall provide the Compliance Officer of the Nevada State Board of
13 Medical Examiners with the best and most expeditious manner of contacting him;

14 e) Respondent shall provide the Compliance Officer with a list of all controlled
15 substances he is prescribed during the course of his probation.

16 f) Respondent shall not prescribe, dispense or administer any controlled substances
17 without the proper authorization from the Drug Enforcement Agency (DEA) and the Nevada State
18 Board of Pharmacy;

19 g) Respondent shall be subject to reviews of any of his records related to the ordering
20 of any wholesale drugs, the dispensing, administration and prescribing of any controlled substances
21 and patient care if necessary;

22 h) Respondent shall inform his employer of the terms of his probation;

23 i) Respondent shall notify the Compliance Officer of where he will be practicing
24 medicine at least forty-eight (48) hours prior to starting to practice;

25 j) Respondent shall pay any costs associated with monitoring of his compliance with
26 these terms of probation. Respondent shall remit to the Nevada State Board of Medical Examiners
27 such costs within thirty (30) days of being presented with an invoice for said compliance costs;

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1 k) Any positive drug screen for any controlled substance or dangerous drug that
2 Respondent does not hold a valid prescription for shall result in the immediate suspension of his
3 license pending proceedings to determine whether or not to impose the stayed suspension of his
4 license.

5 l) Respondent shall sign any necessary releases to allow the Nevada State Board of
6 Medical Examiners to monitor his compliance with the terms of his probation, including
7 releases with all treatment providers and physicians from whom he receives prescriptions for, is
8 administered or dispensed any controlled substance, schedule II- IV.

9 m) Should Respondent be released from his contract with the PRN-PRN program
10 prior to the end of the term of his probation and should he remain in compliance with all terms
11 of his probation through the entirety of the term, Respondent may make a written request to the
12 Board that his probation be terminated and that all terms and conditions of his probation be
13 lifted. Respondent would be responsible to provide any requested additional proof of
14 compliance with all conditions of this Agreement and, if requested, appear in front of the
15 Nevada State Board of Medical Examiners at a regularly scheduled Board meeting prior to the
16 termination of his probationary status.

17 It is further ordered that Respondent's license to practice medicine shall be reinstated.
18 Respondent shall further be ordered to reimburse the Board the reasonable costs and expenses
19 incurred in the investigation and prosecution of this case, the current amount being \$4698.50, not
20 including any costs that may be necessary to finalize this Agreement. The costs and fines shall be
21 paid to the Nevada State Board of Medical Examiners within one hundred eighty (180) days of
22 the acceptance of this Agreement by the Board. It shall be further ordered that count IV of the
23 Complaint is dismissed.

24 2. Jurisdiction. Respondent was at all times mentioned in the Complaint filed in the
25 above-captioned matter was, a physician licensed to practice medicine in the state of Nevada
26 subject to the jurisdiction of the Board to hear and adjudicate charges of violations of the
27 Medical Practice Act (NRS 630), and to impose sanctions as provided by the Act.

1 4. Waiver of Rights. Respondent covenants and agrees that he enters into this
2 Agreement knowingly, willingly, and intelligently and with the advice of above identified counsel.
3 In connection with this Agreement, and the terms, covenants and conditions contained herein,
4 Respondent knowingly, willingly and intelligently, waives all rights arising under or pursuant to
5 the United States Constitution, the Constitution of the state of Nevada, NRS Chapter 630 and NRS
6 Chapter 233B that may be available to Respondent or that may apply to Respondent in connection
7 with the proceeding regarding the Complaint filed herein, the defense of said Complaint and the
8 adjudication of the charges in said Complaint, and Respondent further agrees that the matter of the
9 disciplinary action commenced by the filing of the complaint herein may be settled and resolved in
10 accordance with this Agreement without a hearing or any further proceeding, and without the right
11 to judicial review. In the event this Agreement is not approved by the Board, this Agreement shall
12 have no force and effect and Respondent shall have all rights arising under or pursuant to the
13 United States Constitution, the Constitution of the State of Nevada, NRS Chapter 630 and NRS
14 Chapter 233B that may be available to Respondent or that may apply to Respondent in connection
15 with the proceeding on the complaint filed herein.

16 4. Acknowledgement of Reasonable Basis to Proceed. Respondent covenants and
17 agrees that the Board's Investigative Committee has a reasonable basis to believe that Respondent
18 violated one or more provisions of the Medical Practice Act.

19 5. Procedure for Adoption of Agreement. It is expressly understood that this
20 Agreement will only become effective if the Board approves the recommendation of the
21 Investigative Committee for acceptance. The Investigative Committee and counsel for the
22 Investigative Committee shall recommend approval of the terms, covenants and conditions
23 contained herein by the Board in resolution of the disciplinary proceedings pending herein
24 against Respondent pursuant to the Complaint. In the course of seeking Board approval of this
25 Agreement, counsel for the Investigative Committee may communicate directly with the Board
26 staff and members of the panel of the Board who would adjudicate this case if it were to go to
27 hearing. Respondent covenants and agrees that such contacts and communication may be made
28 or conducted ex parte, without notice or opportunity to be heard on his part or on the part of his

1 counsel until the public Board meeting where this Agreement is discussed, and that such
2 contacts and communications may include, but not be limited to, matters concerning this
3 Agreement, the Complaint and the allegations therein, any and all evidence that may exist in
4 support of the Complaint, and any and all information of every nature whatsoever related to the
5 complaint against Respondent. The Investigative Committee and its counsel agree that
6 Respondent and his counsel may appear at the Board meeting where this Agreement is discussed
7 in order to respond to any and all questions that may be addressed to the Investigative
8 Committee or its counsel at such meeting.

9 6. Effect of Acceptance of Agreement by Board. In the event the Board approves
10 the terms, covenants and conditions set out in this Agreement, counsel for the Investigative
11 Committee will cause to be entered herein the Board's Order approving this Settlement, Waiver
12 and Consent Agreement, ordering full compliance with the terms herein and ordering that this
13 case be closed, subject to the provisions in Paragraph 1.

14 7. Effect of Rejection of Agreement by Board. In the event the Board does not
15 approve the terms, covenants and conditions set out in this Agreement, this Agreement shall be
16 null, void, and of no further force and effect except as to the following covenant and agreement
17 regarding disqualification of adjudicating Board panel members. Respondent agrees that,
18 notwithstanding rejection of this Agreement by the Board, nothing contained herein and nothing
19 that occurs pursuant to efforts of the Investigative Committee or its counsel to seek acceptance
20 and adoption of this Agreement by the Board shall disqualify any member of the adjudicating
21 panel of the Board from considering the charges against Respondent and participating in the
22 disciplinary proceedings in any role, including adjudication of the case, and Respondent further
23 agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

24 8. Release From Liability. In execution of this Agreement, the Respondent, for
25 himself, his executors, successors and assigns, hereby releases and forever discharges the state
26 of Nevada, the Board, the Nevada Attorney General, and each of their members, agents and
27 employees in their representative capacities, and in their individual capacities absent evidence of
28 bad faith, from any and all manner of actions, causes of action, suits, debts, judgments,

1 executions, claims and demands whatsoever, known and unknown, in law or equity, that
2 Respondent ever had, now has, may have or claim to have, against any or all of the persons or
3 entities named in this paragraph arising out of or by reason of this investigation, this disciplinary
4 action, this settlement or its administration, in connection with the complaint. The Investigative
5 Committee hereby agrees to accept this Agreement in full settlement of all claims related to the
6 complaint, with the understanding that the final decision rests with the Board.

7 9. Binding Effect. Respondent covenants and agrees that this Agreement is a
8 binding and enforceable contract upon Respondent and the Board's Investigative Committee,
9 which contract may be enforced in a court or tribunal having jurisdiction subject to the
10 provisions set forth in Paragraph 7 above.

11 10. Forum Selection Clause. Respondent covenants and agrees that in the event
12 either party is required to seek enforcement of this Agreement in the district court, he consents
13 to such jurisdiction, and covenants and agrees that exclusive jurisdiction shall be in the Second
14 Judicial District Court of the State of Nevada in and for the County of Washoe.

15 11. Attorneys' Fees and Costs. The parties covenant and agree that in the event an
16 action is commenced in the district court to enforce any provision of this Agreement, the
17 prevailing party shall be entitled to recover reasonable costs and attorneys' fees.

18 12. Failure to comply with terms. In the event the Board enters its Order approving
19 this Agreement, should Respondent fail to comply with the terms recited herein, the Board
20 would then have grounds, after notice and a hearing, to take disciplinary action against
21 Respondent in addition to that included herein for the subject's violation of an Order of the
22 Board in accordance with NRS 630.3065(2)(a). Moreover, the failure of Respondent to

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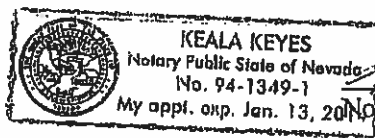
1 reimburse the Board for monies agreed to be paid as a condition of settlement, may subject
2 Respondent to civil collection efforts.

3 Dated this 18th day of Feb of 2011.
4 By: [Signature]
5 Lyn E. Beggs, Esq.
6 Attorney for the Investigative Committee

Dated this 18th day of Feb, 2011.
By: [Signature]
A. Maria Maskall, Esq.
Attorney for Respondent

7 UNDERSTOOD AND AGREED:
8 [Signature]
9 Joel Washinsky, M.D., Respondent
10 Dated this 18th day of FEB, 2011.

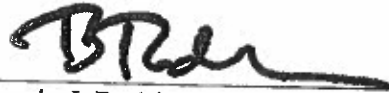
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12 Subscribed and sworn to before me
13 this 18th day of FEBRUARY 2011.



[Signature]
Notary Public

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1 IT IS HEREBY ORDERED that the foregoing Settlement, Waiver and Consent Agreement is
2 approved and accepted by the Nevada State Board of Medical Examiners on the 11th day of
3 March 2011, with the final total amount of costs due of \$4,698.50.

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5 Benjamin J. Rodriguez, M.D., Vice President
6 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR 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: B + B Pharmaceuticals, Inc.

Physical Address: 17200 E. Ohio Drive

Mailing Address: Same

City: Aurora State: Co Zip Code: 80017

Telephone Number: 303.755.5110 Fax Number: 303.755.5242

Toll Free Number: 800.499.3100

Jason @ E-mail: bbpharm.net Website: www.bbpharm.net

Facility Manager: Jason Dassinger

Professional qualifications and experience of facility manager: Jason has 15 yrs of on job training - also he is the regulatory affairs person

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: Bulk raw powers No finished products

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

Repackager - FDA # 3000719772

Board Use Only

Received: JUN 07 2011 Check Number: 893 Amount: 500.00

57039

OWNERSHIP IS A CORPORATION

State of Incorporation: Colorado
Parent Company if any: N/A
Corporation Name: B & B Pharmaceuticals, Inc
Mailing Address: 17200 E. Ohio Dr.
City: Aurora State: Co Zip: 80017
Telephone: 303-755-5110 Fax: 303-755-5242
License Contact Person: Jason Dassinger
Professional Compliance Contact Person: Jason Dassinger

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

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

1. <u>Jason Dassinger</u>	?: <u>100</u>
2. _____	?: _____
3. _____	?: _____
4. _____	?: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____
Registration number issued: _____
Stock Exchange: _____

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

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒ If yes, list the persons, their address and their business 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 pharmaceutical products (drugs) 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

d) _____
Name Address

Business

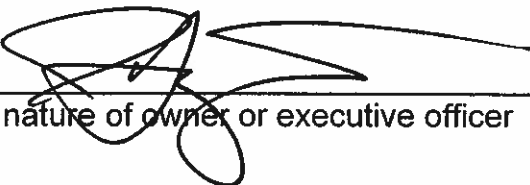
Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Signature of owner or executive officer

5.17.11

Date

Jason Dassinger, Pres

Print or Type name and title



Dora

Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

Office of Support Services
Joann Crouse
Director

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive Director
May 19, 2011

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

LICENSE VERIFICATION

B & B Pharmaceuticals, Inc.

Profession: Manufacturer
License number: 1004
Licensee Status: Active

Original Date of Issue: 12/07/2006
Basis of: Original
Last renewed on 10/01/2010
Expiration date: 10/31/2012

Authority Type:
Authority Number:
Authority Start Date:
Authority End Date:
Authority Cancel Date:

Board or Program action(s): N
Y=Yes N=No

Colorado requires a passing score of at least 75 on the licensure exam prior to issuing a license to a Pharmacist. If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address below or email pharmacy@dora.state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at <http://www.dora.state.co.us/registrations>

FOR THE COLORADO BOARD OF PHARMACY

Barbara E. Alarcon
Customer Support Representative



Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

Office of Support Services
Joann Crouse
Director

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive Director
May 19, 2011

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

LICENSE VERIFICATION

B & B Pharmaceuticals, Inc.

Profession: Wholesaler In-State
License number: 6002
Licensee Status: Active

Original Date of Issue: 12/07/2006
Basis of: Original
Last renewed on 10/01/2010
Expiration date: 10/31/2012

Authority Type:
Authority Number:
Authority Start Date:
Authority End Date:
Authority Cancel Date:

Board or Program action(s): N
Y=Yes N=No

Colorado requires a passing score of at least 75 on the licensure exam prior to issuing a license to a Pharmacist. If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address below or email pharmacy@dora.state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at <http://www.dora.state.co.us/registrations>

FOR THE COLORADO BOARD OF PHARMACY

Barbara E. Alarcon
Customer Support Representative

1560 Broadway, Suite 1350
Fax 303.894.7693

Denver, Colorado 80202
www.dora.state.co.us

Phone 303.894.7800
V/TDD 711



DISCUSSION AND DETERMINATION

JULY 2011

COMPUTERIZED PHYSICIAN ORDER ENTRY IN A HOSPITAL

As I am certain you are all aware, the Center for Medicare and Medicaid Services is requiring hospitals to move toward a computerized physician order entry system. Unfortunately, the statutes and regulations addressing electronic signatures only pertain to “prescriptions” and not to “chart orders” (see NRS 639.013 for the definition of a “prescription”) and NAC 639.484 specifically **requires** a signature on a chart order.

As these electronic systems creep into practice, most hospitals are struggling with obtaining this elusive signature. Must the hospital print from the electronic system a hard copy and then have it signed before sending it to the pharmacy? Often there is a signature; however it may appear on page 15 of a 15 page order with the drug orders appearing on page 5. Must the pharmacy then print page 5 and page 15 to comply?

Now toss in controlled substances and the DEA . . .

What to do??

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of an osteopathic physician as required by chapter 633 of NRS; or

6. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer therapeutic pharmaceutical agents pursuant to NRS 636.288, when he prescribes or administers therapeutic pharmaceutical agents within the scope of his certification.

(Added to NRS by 1979, 1696; A 1985, 876; 1989, 1121; 1991, 791; 1993, 2224; 1995, 1711; 1997, 687; 2001, 408, 775, 1631, 1635; 2007, 1844, effective January 1, 2008)

NRS 639.013 "Prescription" defined.

1. "Prescription" means:

(a) An order given individually for the person for whom prescribed, directly from the practitioner to a pharmacist or indirectly by means of an order signed by the practitioner or by an electronic transmission from the practitioner to a pharmacist.

(b) A chart order written for an inpatient specifying drugs which he is to take home upon discharge.

2. The term does not include a chart order written for an inpatient for use while he is an inpatient.

(Added to NRS by 1967, 1652; A 1973, 774; 1979, 343, 1684; 1987, 1650; 1991, 1948)

NRS 639.0143 "Radiopharmaceutical" defined. "Radiopharmaceutical" means any substance defined as a drug in 21 U.S.C. § 321(g)(1) which:

1. Exhibits spontaneous disintegration of unstable nuclei which emit nuclear particles or photons; or

2. Is intended to be made radioactive.

→ The term includes nonradioactive reagent kits and nuclide generators which are used in the preparation of any substance. The term does not include drugs containing compounds of carbon or potassium or salts containing potassium which contain trace quantities of naturally occurring radionuclides.

(Added to NRS by 1989, 1750)

ADMINISTRATIVE REGULATIONS.

"Radiopharmaceutical" interpreted, NAC 639.5816

NRS 639.0145 "Refill" defined. "Refill" means to fill again.

(Added to NRS by 1979, 1696)

NRS 639.015 "Registered pharmacist" defined. "Registered pharmacist" means:

1. A person registered in this State as such on July 1, 1947;

2. A person registered in this State as such in compliance with the provisions of paragraph (c) of section 3 of chapter 195, Statutes of Nevada 1951; or

3. A person who has complied with the provisions of NRS 639.120 and whose name has been entered in the registry of pharmacists of this State by the Executive Secretary of the Board and to whom a valid certificate as a registered pharmacist or valid renewal thereof has been issued by the Board.

(Added to NRS by 1967, 1652; A 2003, 2280)

NRS 639.0155 "Wholesale distribution" defined. "Wholesale distribution" means the distribution of drugs to persons other than consumers or patients, but does not include:

1. Sales within a company.

2. The purchase or other acquisition of a drug by a health care facility or a pharmacy that is a member of a purchasing organization.

- (f) The time and date of the withdrawal; and
 - (g) The signature of the person making the withdrawal.
 - 4. The original or a direct copy of the order for the medication must be forwarded to the pharmacy.
 - 5. The pharmacist shall verify the withdrawal after a reasonable interval, but not later than 30 days after the withdrawal.
- (Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-11-91; 9-12-91)

NAC 639.481 Withdrawal of drugs when facility uses floor stock and pharmacy is closed. (NRS 639.070, 639.071, 639.072) If a medical facility or correctional institution uses a full or partial floor stock to distribute drugs and its pharmacy is closed:

- 1. Controlled substances, dangerous drugs and devices may be removed from the pharmacy only in the original manufacturer's container or prepackaged container.
 - 2. Only a designated licensed nurse or practitioner may remove those drugs and devices.
 - 3. The person authorized to make the withdrawal shall make a record at the time of the withdrawal containing:
 - (a) The name of the device or drug withdrawn;
 - (b) If a drug is withdrawn, its strength and the dosage form;
 - (c) The quantity removed;
 - (d) The location of the floor stock;
 - (e) The date and the time of the withdrawal; and
 - (f) The signature of the person making the withdrawal.
 - 4. A pharmacist shall verify the withdrawal pursuant to the following schedule:
 - (a) In a facility or institution with a full-time pharmacist, the withdrawal must be verified as soon as practicable, but not later than:
 - (1) Seventy-two hours after the time of the withdrawal for a pharmacist in a medical facility; or
 - (2) Ninety-six hours after the time of the withdrawal for a pharmacist in a correctional institution.
 - (b) In a facility or institution with a part-time or consultant pharmacist, the withdrawal must be verified after a reasonable interval, but not later than 30 days after the withdrawal.
- (Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-11-91; 9-12-91)

Records

NAC 639.482 Maintenance and availability of records. (NRS 639.070, 639.071, 639.072)

- 1. Each record required to be kept pursuant to NAC 639.483 to 639.489, inclusive, must be kept by a pharmacy for at least 2 years after the date of the record.
- 2. Records maintained by a pharmacy must be made available for inspection and copying upon the request of the Board, its representatives, or another authorized local, state or federal law enforcement agency.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91)

NAC 639.483 Statutes applicable to maintenance of records. (NRS 639.070, 639.071, 639.072) A pharmacy must maintain records for outpatients pursuant to the provisions of chapters 453, 454 and 639 of NRS governing retail pharmacies.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91)

NAC 639.484 Contents and maintenance of chart orders. (NRS 639.070, 639.071, 639.072)

- 1. Each original chart order must contain:
 - (a) The patient's name and the medical facility's or correctional institution's identification of that patient;

- (b) The name of the drug, its strength and the route of administration;
- (c) Directions for the use of the drug;
- (d) The date; and
- (e) The practitioner's signature. Any verbal order signed by a practitioner's agent must be cosigned by the practitioner.

2. An original chart order must be maintained in the medical records of the patient along with the record of the administration of the medication.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; R190-01, 3-4-2002)

NAC 639.485 Maintenance of records for controlled substances. (NRS 639.070, 639.071, 639.072)

1. A pharmacy shall maintain records for controlled substances:
 - (a) In a readily retrievable manner.
 - (b) In a manner that establishes the receipt, distribution and destruction of all controlled substances handled by the pharmacy.
2. A pharmacy shall maintain a perpetual inventory of any controlled substance listed in schedule II.
3. Records of the distribution of controlled substances listed in schedule II, schedule III or schedule IV must include:
 - (a) The name of the drug, dosage form and strength.
 - (b) The name of the pharmacist distributing or authorizing the distribution of the controlled substance.
 - (c) The name of the authorized person receiving the controlled substance. This information may be included on the record of administration.
 - (d) The location to which the controlled substance is being distributed.
 - (e) Controlled substances returned to the pharmacy.
 - (f) A record of any waste of any prepared or partially administered dose of a controlled substance, which must be witnessed and cosigned by another person who is licensed to provide medical care.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; R156-99, 3-1-2000)

NAC 639.486 Maintenance of records of controlled substances administered from floor stock. (NRS 639.070, 639.071, 639.072)

1. A pharmacy shall maintain records of controlled substances administered from floor stock. The records must include:
 - (a) The name of the patient to whom the controlled substance was administered.
 - (b) The name of the controlled substance, its dosage form and strength.
 - (c) The time and date on which the controlled substance was administered to the patient.
 - (d) The quantity of the controlled substance administered.
 - (e) The signature of the person removing the controlled substance.
 - (f) Controlled substances returned to the pharmacy.
 - (g) A record of any waste of a controlled substance which, except as otherwise provided in subsection 2, must be witnessed and cosigned by another person who is licensed to provide medical care.
2. A record of any waste of a controlled substance kept pursuant to subsection 1 is not required to be witnessed and cosigned as required by subsection 1 if:
 - (a) The record of waste is for a controlled substance which was administered by a practitioner authorized to administer anesthesia; and
 - (b) Other current, complete and accurate records for the controlled substance administered and wasted are created and maintained.
3. Records maintained pursuant to this section must be maintained separately from records of patients.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; 5-22-96; R157-99, 3-1-2000; R042-04, 5-25-2004)



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

June 21, 2011

Larry Pinson
Executive Secretary
Nevada Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Fax: 775-850-1444

RE: Request for Discussion Item to be Added to July 13-14, 2011 Agenda

Dear Larry:

As you know, the Drug Enforcement Administration issued an interim final rule on March 31, 2010 that outlined the requirements that prescribers, pharmacists, their computer vendors, and e-prescription networks will need to observe should they want to participate in the electronic prescribing. Since that time, the National Association of Chain Drug Stores (NACDS) and SureScripts have been working diligently with stakeholders to make the necessary changes to their systems and operations to be ready to implement the electronic prescribing of controlled substances (EPCS) later this year.

We were pleased to learn that Nevada legislators included language in SB 329 that allows the prescribing and dispensing of Schedule II controlled substance prescriptions pursuant to electronic prescriptions that comply with regulations adopted by the Board of Pharmacy. Electronic prescribing provides physicians and pharmacies with effective and efficient means to enhance the management of patients' medications.

We greatly appreciate the Board of Pharmacy's guidance in achieving the advancement of electronic prescribing in Nevada. To that end, we ask the Board for their gracious consideration in granting our request that an item be placed on the July 13-14 agenda to allow board members to begin a discussion on amending the electronic prescribing rules to relative to electronic prescriptions for Schedule II drugs.

NACDS thanks you for consideration of our request to add this discussion item to the agenda for the July 13-14, 2011 meeting. Please do not hesitate to contact me at 817-442-1155 or mstaples@nacds.org if you have any questions or need us to provide additional information in advance of the meeting.

Sincerely,

Mary Staples

(817) 442-1155

Cell (817) 308-2103

Fax (817) 442- 1140

mstaples@nacds.org

www.nacds.org

cc: Members of the Nevada Board of Pharmacy

Pharmacies. The face of neighborhood healthcare.

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TEMPORARY LICENSES
(Issued since last board meeting)

Walgreens

Jennifer Shank

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Nevada State Health Division Technical Bulletin



Topic: Registered and Intern Pharmacist Reporting Requirements for Dispensed Tuberculosis Medications per NAC 441A

**Section/Program/Contact: Bureau of Health Statistics, Planning, Epidemiology and Response
/ Tuberculosis Program / Susanne Paulson**

Date: May 2011

TO: All Nevada Registered or Intern Pharmacists

The purpose of this bulletin is to notify all registered and intern pharmacists of recent revisions to Nevada Administrative Code 441A requiring pharmacists practicing in the State of Nevada to report suspected or diagnosed cases of tuberculosis (TB) to the health authority. These changes went into effect January 13, 2011.

The new regulations require local or state health authorities be notified whenever two or more TB medications are dispensed to an individual. Medications include: Ethambutol, Isoniazid, Pyrazinamide, Streptomycin, and any member of the Rifamycin group of drugs including, but not limited to, Rifabutin, Rifampin and Rifapentine, or any other newly developed TB medications. For complete reporting requirements please see the regulations at <http://www.leg.state.nv.us/register/2008Register/R087-08A.pdf>, see Section 31.

Reporting by multiple healthcare providers is essential to limit the spread of disease. 441A Section 31 adds registered and intern pharmacists to the list of health care professionals, laboratories, and others responsible for reporting TB (see NRS 441A.150, NAC 441A.290, NAC 441A.295).

Contact information for your local TB health authority:

Carson City, Douglas and Lyon Counties:

Fax: (775) 887-2138 Phone: (775) 887-2190

Clark County:


Fax: (702) 759-1414 Phone: (702) 759-1370

Washoe County:


Fax: (775) 328-3764 Phone (775) 785-4785

All Other Nevada Counties:

Fax: (775) 684-5999 Phone: (775) 945-3657

Signed: 
Tracey Green, MD, State Health Officer
Nevada State Health Division

Date: May 25, 2011

Signed: 
Richard Whitley, MS, Administrator
Nevada State Health Division

Date: May 25, 2011

Reporting Tuberculosis (TB)

In order to assure all cases and/or suspected cases of tuberculosis (TB) are accounted for and case-managed accordingly, Nevada Administrative Code 441A was recently revised to include registered and intern pharmacists to the list of health care professionals, laboratorians, and others responsible for reporting TB (see NRS 441A.150, NAC 441A.290, NAC 441A.295).

The new regulations require pharmacists practicing in the State of Nevada to report suspected or diagnosed cases of TB to the health authority whenever two or more TB medications are dispensed to an individual. The regulations went into effect January 13, 2011 and can be found at <http://www.leg.state.nv.us/register/2008Register/R087-08A.pdf>, see Section 31.

Reporting by multiple healthcare providers is essential to ensure that each and every TB case is identified and case-managed in a timely manner. Rapid identification, a prompt investigation, proper case-management and timely treatment help prevent further exposure to otherwise healthy people, and lessens the risk of developing drug-resistant strains of TB.

Disciplinary Actions

For more information you may view hearing minutes at www.pharmacy.ok.gov.

11.06. January 19, 2011 Board Hearing

Jennifer Cenicerros, Tech #13453 – Case 1007: Revoked. (Agreed Order)

Lakiesha M. Garrett, Tech #7872 – Case 1009: Revoked.

Jennifer Lee Patton, Tech #2432 – Case 1010: Revoked.

Sarah Suzanne Earles, Tech #11448 – Case 1013: Revoked.

Shawniece L. Patterson, Tech #12930 – Case 1014: Revoked. (Agreed Order)

Jeremy Deon Norman, Tech #12450 – Case 973: Revoked.

Billy Don Wilson, DPh #9893 – Case 1015: \$350 fine and an additional 28 hours of continuing education (CE) to be completed in the calendar year 2011. (Agreed Order)

Tonya Harris, DPh #14070 – Case 1002: Law seminar and \$1,000 fine. (Agreed Order)

Trevor Sipes, DPh #13445 – Case 1003: Law seminar and \$1,500 fine. (Agreed Order)

CVS/Pharmacy No. 02271, #7-5540 – Case 1004: \$30,000 fine. (Agreed Order)

CVS Pharmacy, Inc, #88-W-1397 – Case 1006: \$30,000 fine. (Agreed Order)

McKesson Drug Co, #1-W-231 – Case 1005: \$30,000 fine. (Agreed Order)

Impaired Technician, Tech #14208 – Case 1011: Probation, law seminar, and Oklahoma Pharmacists Helping Pharmacists (OPHP) contract. (Agreed Order)

Impaired Pharmacist, DPh #8828 – Case 1000: Suspension, law seminar, OPHP contract, and \$5,000 fine. (Agreed Order)

11.07. March 2, 2011 Board Hearing

Justin Carroll, Tech #11868 – Case 1019: Revoked. (Agreed Order)

Cheryl M. Desjardins, Tech #6052 – Case 1020: Revoked. (Agreed Order)

Bridget A. Ford, Tech #13231 – Case 1021: Revoked (Agreed Order)

Rasonya R. Ratliff, Tech #14528 – Case 1022: Revoked.

Rickey D. Dixie, Jr, Tech #11034 – Case 1008: \$21,000 fine. Revoked.

James F. Graham, DPh #8006 – Case 1017: Law seminar, live CE in the calendar year 2011, may not be a pharmacist-in-charge for a period of one year, and \$6,000 fine. (Agreed Order)

CVS/Pharmacy No. 06226, #1-5397 – Case 1018: \$24,000 fine. (Agreed Order)

Heritage Park Pharmacy, #1-4622 – Case 1023: \$3,000 fine. (Agreed Order)

Impaired Technician, Tech #12824 – Case 1012: Probation, law seminar, and OPHP contract. (Agreed Order)

Technician Rules Committee

The Board is planning to convene a Technician Rules Committee for the purpose of reviewing the current technician

regulations and rules for both hospitals and community pharmacies. It is anticipated that the committee will begin meeting in July or August, and will continue to meet on a monthly basis for a year. The committee will be tasked with studying other states' rules and regulations in comparison to Oklahoma, and then making recommendations to the Board on such issues as minimum training, education, testing, permitted duties, and prohibited tasks. If you would like to be considered as a possible member of the committee, please e-mail John Foust at jfoust@pharmacy.ok.gov.

Calendar Notes

The Board will meet April 6 and June 15. The Board will be closed Monday, May 30, in observance of Memorial Day and Monday, July 4, in observance of Independence Day. Future Board dates will be available at www.pharmacy.ok.gov and will be noted in the July Newsletter.

Change of Address or Employment?

All pharmacists, technicians, and interns must notify the Board in writing within 10 days of a change of address or employment.

Special Notice About the Newsletter

The *Oklahoma State Board of Pharmacy Newsletter* is an official method of notification to pharmacies, pharmacists, pharmacy interns, and pharmacy technicians registered by the Board. Please read them carefully. The Board encourages you to keep them for future reference.

Oklahoma Pharmacists Helping Pharmacists

If you or a pharmacist you care about is suffering from chemical dependency, there is a solution. OPHP is readily available for help. Pharmacists in Oklahoma, Texas, and Louisiana may call the OPHP Help-Line at 1-800/260-7574, ext 5773. All calls are confidential.

Let Us Hear From You

The Board welcomes your comments and questions. You may mail them to the Oklahoma State Board of Pharmacy, 4545 Lincoln Blvd, Ste 112, Oklahoma City, OK 73105, fax the Board at 405/521-3758, or e-mail the Board at pharmacy@pharmacy.ok.gov. Visit the Board's Web site at www.pharmacy.ok.gov.

This publication is issued by the Oklahoma State Board of Pharmacy as authorized by Title 59 O.S. 353.7. Copies have not been printed but are available through the agency Web site.

Page 4 – April 2011

The *Oklahoma State Board of Pharmacy News* is published by the Oklahoma State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

John A. Foust, DPh - State News Editor

Carmen A. Catizone, MS, RPh, DPh - National News Editor
& Executive Editor

Larissa Doucette - Communications Manager

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Fwd: Nevada legislative report

LARRY L. PINSON

Sent: Monday, June 20, 2011 3:07 PM

To: Pharmacy Board

Attachments: 2011 Final Report.pdf (109 KB) ; ATT00001.htm (204 B) ; 2011 Bill List.docx (29 KB) ; ATT00002.htm (156 B)

Candy, you can include Fred's final report in the board book (attached) w his other one. Thx!

Sent from my iPhone

Begin forwarded message:

From: "fhillerby@aol.com" <fhillerby@aol.com>

To: "LARRY L. PINSON" <lpinson@pharmacy.nv.gov>, "Carolyn J. Cramer" <ccramer@pharmacy.nv.gov>

Subject: Nevada legislative report

Attached please find the final Nevada Legislative Report and bill listing for the Nevada State Board of Pharmacy. If you have any questions, please advise.
Thank you - Fred

HILLERBY & ASSOCIATES

LEGISLATIVE ADVOCACY
GOVERNMENT RELATIONS

June 18, 2011

The 2011 Nevada Legislature adjourned *sine die* at 1:00 a.m. on June 7 to end their 120 day biennial session. This is only the second time since the 120 day limit began in 1999 that the Legislature has managed to finish within the deadline. In all 1,153 bills and resolutions were introduced, and some 550 passed.

This Session was started, and ended, focused on the budget and taxes. Governor Sandoval proposed a budget that included no taxes or fees, and one which allowed the taxes passed in 2009 to sunset. It would have spent \$5.3 billion in general funds, and nearly a billion more in bond reserves, room tax money, county property tax diversions and other measures. It was attacked from the beginning by Democratic legislators who wanted to extend the 2009 tax increases and possibly implement a new sales tax on services and a "margin tax" on business gross receipts.

In the end, a Supreme Court ruling changed the game dramatically and resulted in a budget that was slightly higher than proposed by the Governor and lower than wanted by the Democratic majorities. The budget debate that ended the Session was accompanied by a variety of bills on subjects from education reform to redistricting/reapportionment. Below are some highlights of 120 days of magic in Carson City.

Taxes

Governor Sandoval started the Session with a strong pledge to veto any tax increases, and with substantial support from the Republican minority. At least four Republicans were needed to pass any tax or fee bill because the Democratic majority did not have the 2/3rds majority required in either house to pass a tax package. While some Assembly Republicans signaled they might support a tax package in exchange for a number of reform measures, their Senate colleagues gave no such sign. This left the Democratic leadership stymied for much of the Session, and resulted in some lengthy and often testy Committee of the Whole meetings on the floors of both houses.

While the Democrats worked to point out the most painful impacts of the cuts contained in the Executive Budget, they stayed largely silent on any plans to pay for filling the holes. Late in the session they introduced both a sales tax on services and the "margins tax" as a long-desired reform of the State's tax system. They envisioned raising some \$1.2 billion in new taxes to be combined with approximately \$300 million in higher revenue projections from existing sources.

Assembly Republicans, however, had never envisioned agreeing to anything more than the approximately \$625 million in 2009 tax increases set to sunset this year. The political problem was twofold- voting for a record tax increase, and a record tax increase that was made up of entirely new taxes.

The session looked increasingly likely to end in a road-rage crash of lawsuits, recriminations and government shutdowns until May 26, when the Supreme Court issued a surprise decision on a case stemming from the 2010 special session and a Legislative grab of \$62M from a southern Nevada water project. The Court ruled that such taking of local and specific purpose funds was unconstitutional. The

implications were that a variety of such measures in the Governor's budget were in jeopardy. The Governor and legislative lawyers ultimately decided that some \$650M could be at risk in the budget.

The Governor suddenly decided that he could support an extension of the sunsets to avoid even further cuts to the budget. This created a completely new political environment and a considerable amount of confusion. Over the next 24-48 hours the Governor declared that he would only support extending the sunsets for 2 years, and wanted the reforms he had included in his budget and legislative priorities as part of the package.

In the end, the 2009 taxes were extended another two years with minor changes, and some of the budget cuts most hated by Democrats were ameliorated. Consumers will continue to pay the 0.35 percent sales tax increase, businesses with payrolls over \$250,000 will pay the Modified Business Tax of 1.17%. The change from the 2009 package will have businesses with payrolls below \$250,000 paying no MBT. The current business license fee will remain in effect, and the State will continue to redirect the proceeds of the Indigent Accident Fund (designed to be used to reimburse hospitals for major bills from uninsured patients).

The Budget

The 2012-13 general fund budget totals \$6.2 billion, and represents a decrease of \$500 million from the current budget. The extension of the sunsets removed the most tenuous budget tricks used to balance the Governor's proposed budget, and is a significant improvement for Washoe and Clark counties who stood to lose more than \$100 million in property tax funds. The final budget also preserves most of the school district bond reserve accounts, and includes a modest increase in per pupil funding over the biennium.

Higher Education will see its proposed cut decreased from \$167 million to about \$85 million. That will be further offset by tuition increases of at least 13%, but there will still be salary cuts, layoffs and program cuts system-wide. The Millennium Scholarship received a one-time infusion of \$10 million to help sustain the program for the coming biennium.

K-12 education will see a small increase in per pupil funding from the State. When factored into their decreased local sources of funds, most districts will see further budget and staff reductions.

Reforms

The Governor and Legislative Republicans outlined a series of reforms in education, public employee salaries and benefits, collective bargaining and construction defects lawsuits. This Session and the budget crisis presented a unique opportunity to enact reforms that the Democratic majorities would never have considered in a more normal session. While neither side was happy in the end, reforms were made in the following areas:

Education: Teacher layoffs can now be determined by factors other than last in, first out. Tenure can now be withheld for up to three years based on evaluations, and tenured teachers can be placed back on probationary status. Reviews can be weighted 50% on student achievement. One of the important reforms successfully demanded by the Governor would prohibit collective bargaining agreements from trumping state law on these reforms. The composition of the State Board of Education will now include a mix of elected and appointed members, and the Governor will now appoint the Superintendent of Public Instruction. Teachers will likely see a pay cut of 2.5%, and will for the first

time make a contribution towards their pensions (these benefits can be altered in contract negotiations with school districts).

State employees: State workers will have a mix of 2.5% pay cuts and 6 furlough days a year, equaling another 2.3% reduction. This was a minor reduction from the proposed 5% pay cut sought by the Governor, but presents agencies with some of the same challenges they face now in managing furloughed employees in their operations. New employees will no longer be eligible for a health insurance subsidy upon retirement, but will get a \$700 per year State contribution to health savings accounts to which they may also contribute. While this does little to lessen the serious unfunded liability of the current benefit, it finally enacts reforms first proposed in 2005.

Local governments: Local government employees will see some limits on the ability of supervisors to join unions, and union contracts will be somewhat more transparent to the public. Local governments could also reopen contracts in a financial emergency. While the reforms fall short of what some of the business community had hoped for, they do represent changes that might have been impossible in any other session in memory.

Construction defects: This was an area of tremendous importance to the construction and related industries, and pitted them squarely against the trial lawyers and their staunch allies among Democrats, particularly in the Assembly. While Assembly Republicans demanded defects reform as a part of their support for taxes, the Supreme Court decision dramatically changed the bargaining dynamic. Because defects reform had not been negotiated before the ruling, and many other issues had been, the clock quickly ran out on efforts to include meaningful reform as part of the budget deal. The desire to pass a budget and go home on time ultimately won out over finalizing reforms. The end of the session was marked by a heated, and ultimately successful, battle to defeat Speaker Ocegüera's bill that was sold as "reform", but would have actually made the current horrible situation even worse.

Healthcare and Insurance

Hospitals, nursing homes and other providers faced a major cut to reimbursement rates that would almost certainly have resulted in the closure of some facilities/programs and the loss of doctors and other providers in the Medicaid arena. The 5% hospital cuts were restored, and nursing homes will see their cuts decreased from \$20 per day to \$5. The continued sweep of the Indigent Accident Fund could present a real problem in the coming biennium, particularly for rural hospitals already under significant financial pressure. The cost of uncompensated care will continue to burden hospitals and add to the cost of insurance and care for paying patients and employers.

The issue of emergency room balance billing and de facto hospital rate setting was brought forward again this session by the Culinary Union and their healthcare coalition insurance plan. Because of their problems with members using out of network emergency rooms and the benefits their plan provides, the coalition has long sought to have the Legislature mandate reimbursement rates for hospitals and providers in emergency room settings. SB 115 would have shifted the unreimbursed costs from the coalition and its members to the rest of the patient population, or to the bottom line of hospitals and doctors forced to absorb the loss. While the Democratic majorities passed the bill, Governor Sandoval listened to the concerns of hospitals, doctors and the other patient populations that would have absorbed these added costs and vetoed the bill. [SB 115 Veto Message](#)

Speaker Ocegüera introduced AB 309, a health insurance regulation bill. The bill would have created a new Consumer Advocate and authorized the Commissioner of Insurance to conduct rate hearings on proposed rate increases or decreases (jobs currently done by the Commissioner). It would also have exempted insurers in the Medicaid managed care and the children's health insurance program from the normal financial suitability and other regulation provisions of the current law. The bill further removed the confidentiality provisions regarding trade secrets included in rate filings. The Governor saw that the bill was duplicative and would have resulted in increased costs to consumers and vetoed the bill. AB 309 Veto Message

Boards and Commissions

State licensing boards and commissions were the subject of considerable scrutiny during the session. A variety of bills and proposals to sunset all boards, review all boards and provide greater gubernatorial control over appointed members were discussed. The Governor appointed his own panel to review boards and commissions created by executive order, and the bulk of the Legislative proposals melded into one Assembly (Debbie Smith's AB 474) and one Senate bill (Ben Kieckhefer's SB 251).

While the bills were somewhat different, in the final days SB 251 was amended to be almost identical to AB 474, and Senator Kieckhefer's bill was the vehicle to finally pass. (It would be more than coincidental to note that Sen. Kieckhefer was also an important swing vote on the final budget deal.) The final legislation will have a special panel review each statutory board and commission to evaluate whether it should be modified, eliminated, consolidated or continued. Any tax abatements, incentives or funds set aside for the Board or Commission will also be evaluated. Each entity will be subject to review every 10 years. The panel will be a sub-committee of the Legislative Commission and review at least 20 boards or commissions each year.

Redistricting and Reapportionment

The Legislature is tasked with this process each decade, and this year saw Nevada once again gain a new Congressional seat. The process, always very political, was complicated by the resignation of Senator John Ensign and the appointment of Congressman Dean Heller to his seat. This necessitates a special election, and that process is currently in the courts and could remain unresolved for several more weeks.

Democratic majorities twice passed their own plans over the unanimous objections of their Republican colleagues, and the Governor greeted each plan with a veto. While there was some talk that the late-session collegiality over the budget might make a redistricting compromise possible, the Legislature apparently decided that much détente was more than they could deliver. A variety of lawsuits now wait for court action that could include choosing one of the Legislative plans, some hybrid of those plans, a new plan designed by the Judge, or even an order for the Legislature to reconvene and finish their job.

Other Issues

While the mining industry spent the bulk of the session under frontal assault in the Legislature, they ended up with only modest increases in their final tax bills. A variety of sports arena proposals battled ferociously during the session, with the Legislature ultimately doing very little except siding with MGM over Caesar's in placing competing ballot questions before voters. The three arena proposals that emerged in the last days of the Session all died on the last night. A bill allowing the Reno City Council to enact room fees and baseball stadium surcharges did pass late on the final night.

The Session saw a record number of freshmen, and their influence was felt in many ways. They brought new perspective to the process, and faced some challenges learning a complicated process in a tight timeframe. Term limits that brought in this class also marked the final session for four Senators and Speaker Ocegüera, and set off an unusually public battle for leadership of the Assembly in 2013. We will see the impacts of term limits and a quickly changing Legislature for many sessions to come.

Attached are bills that we monitored and worked on for the Nevada State Board of Pharmacy. Obviously we are not pleased with AB1 however it is the responsibility of the Legislative Council Bureau to develop a form to be used when requesting this financial information. Please let us know when you receive a request for that information. Although AB474 failed, the provisions of that bill were included in SB251 which did pass. Please pay special attention to the enrolled version of Assembly Bill 199. Senator Schneider amended this bill very late in the session to include his repeal of the absolute prohibition against the use of the letters "RX". If you have any questions concerning any of these bills, please let us know.

Bill List Attached
FLH/MDH/jcm

NEVADA STATE BOARD OF PHARMACY

Bills that Passed:

AB1 Requires periodic reporting of financial information by certain governmental entities.

(BDR S-49) <http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB1.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB1_R1.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB1_EN.pdf

AB59 Makes various changes to the Open Meeting Law. (BDR 19-288)

<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB59.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB59_R1.pdf

2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB59_R2.pdf

3rd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB59_R3.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB59_EN.pdf

AB63 Revises provisions relating to the duties of, and services provided by, the Office of the Attorney General. (BDR 18-203)

<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB63.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB63_R1.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB63_EN.pdf

AB199 Revises provisions governing the practice of pharmacy. (BDR 54-875)

<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB199.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB199_R1.pdf

2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB199_R2.pdf

3rd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB199_R3.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB199_EN.pdf

AB201 Revises provisions pertaining to informational statements provided for the adoption of administrative regulations. (BDR 18-83)

<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB201.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB201_R1.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB201_EN.pdf

AB240 Revises provisions governing contracts for services entered into by certain public employers. (BDR 23-149)

<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB240.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB240_R1.pdf

2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB240_R2.pdf

3rd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB240_R3.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB240_EN.pdf

AB257 Revises provisions relating to the Open Meeting Law. (BDR 19-107)

<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB257.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB257_R1.pdf

2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB257_R2.pdf

3rd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB257_R3.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB257_EN.pdf

AB537 Revises provisions governing prohibited acts for certain health care practitioners. (BDR 54-1115)

<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB537.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB537_R1.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB537_EN.pdf

SB7 Revises provisions governing the adoption of emergency regulations. (BDR 18-13)

<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB7.pdf>

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB7_EN.pdf

SB37 Makes various changes concerning complaints received by a health care licensing board. (BDR 54-106)

<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB37.pdf>

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB37_EN.pdf

SB43 Makes various changes relating to electronic health records. (BDR 40-443)

<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB43.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB43_R1.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB43_EN.pdf

SB89 Revises provisions governing audits and reviews of financial statements of common-interest communities. (BDR 10-595)

<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB89.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB89_R1.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB89_EN.pdf

SB114 Revises provisions relating to controlled substances. (BDR 40-190)

<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB114.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB114_R1.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB114_EN.pdf

SB168 Makes various changes concerning public health. (BDR 54-837)

<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB168.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB168_R1.pdf

2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB168_R2.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB168_EN.pdf

SB251 Creates the Nevada Sunset Commission to evaluate certain governmental programs and services. (BDR 18-745)

<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB251.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB251_R1.pdf

2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB251_R2.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB251_EN.pdf

SB267 Revises provisions governing personal information. (BDR 52-110)

<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB267.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB267_R1.pdf

2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB267_R2.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB267_EN.pdf

SB329 Revises provisions governing prescriptions. (BDR 54-904)

http://www.leg.state.nv.us/Session/76th2011/BDR/BDR76_54-0904.pdf

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB329_R1.pdf

2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB329_R2.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB329_EN.pdf

SB411 Provides for the regulation of certified medication aides. (BDR 54-1104)

<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB411.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB411_R1.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB411_EN.pdf

SB419 Establishes provisions relating to safe injection practices. (BDR 40-518)

<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB419.pdf>

1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB419_R1.pdf

2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB419_R2.pdf

Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB419_EN.pdf

Bills that Failed:

AB21 Makes certain occupational licensing boards and commissions subject to the same requirements as other agencies of the Executive Department of the State Government. (BDR 31-409) <http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB21.pdf> Failed first house committee passage deadline

AB221 Establishes provisions governing certain acts of pharmacists. (BDR 54-1015) <http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB221.pdf> Failed First House Passage Deadline

AB239 Requires public bodies to post on their websites, if any, certain material and records related to meetings of the public body. (BDR 19-527)
<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB239.pdf> Failed first house committee passage deadline

AB323 Requires the establishment and maintenance of an Internet website to provide information concerning consumer fraud in this State. (BDR 52-313)
<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB323.pdf>
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB323_R1.pdf - Exempt
6/6/11 – No further action taken

AB335 Imposes excise tax on use of certain services in this State and extends prospective expiration of certain sources and allocations of tax revenue. (BDR 32-882)
<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB335.pdf> Failed first house committee passage deadline

AB336 Imposes a tax on certain income of business entities engaged in business in this State. (BDR 32-623) <http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB336.pdf>
6/6/11 – No further action taken

AB339 Requires certain substances known as synthetic marijuana to be included on the list of schedule I controlled substances. (BDR 40-546)
<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB339.pdf> Failed First House Passage Deadline

AB349 Revises provisions relating to controlled substances. (BDR 40-1043)
<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB349.pdf>
Failed first house committee passage deadline

AB389 Revises provisions regarding the Open Meeting Law. (BDR 19-226)
<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB389.pdf>
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB389_R1.pdf
Failed second house committee passage deadline

AB406 Creates the Evaluation and Sunset Advisory Commission. (BDR 18-584)
<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB406.pdf>
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB406_R1.pdf - Exempt
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB406_R2.pdf
6/7/11 – No further action taken

AB421 Revises provisions governing dispensing of certain drugs and medications. (BDR 54-768) <http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB421.pdf> Failed first house committee passage deadline

AB438 Revises provisions governing the medical use of marijuana. (BDR 40-1066)
<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB438.pdf> Failed first house committee passage deadline

AB474 Creates the Sunset Subcommittee of the Legislative Commission to review certain boards and commissions. (BDR 18-889)
<http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB474.pdf>
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB474_R1.pdf - Exempt
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB474_R2.pdf
6/6/11 – No further action taken

SB56 Revises provisions governing the entities required to use the services and equipment of the Department of Information Technology. (BDR 19-426)
<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB56.pdf> Failed first house committee passage deadline

SB203: Revises provisions relating to the classification and dispensing of certain precursors to methamphetamine. (BDR 40-648)
<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB203.pdf> Failed first house committee passage deadline

SB224 Requires certain substances known as fake cocaine to be included on the list of schedule I controlled substances. (BDR 40-990)
<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB224.pdf> Failed first house committee passage deadline

SB228 Requires certain substances known as synthetic marijuana to be included on the list of schedule I controlled substances. (BDR 40-698)
<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB228.pdf> Failed first house committee passage deadline

SB270 Revises provisions governing qualifications for licensure for certain health care practitioners. (BDR 54-379) <http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB270.pdf>
Failed first house committee passage deadline

SB336 Revises certain provisions relating to prescription drugs. (BDR 40-234)
http://www.leg.state.nv.us/Session/76th2011/BDR/BDR76_40-0234.pdf - Exempt
6/7/11 – No further action taken

SB354 Makes various changes to regulatory bodies of professions, occupations and businesses. (BDR 54-254) <http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB354.pdf>
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB354_R1.pdf
Failed second house committee passage deadline

SB359 Revises provisions relating to contracts with a governmental entity. (BDR 23-973)
<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB359.pdf>
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB359_R1.pdf - Exempt
6/7/11 – No further action taken

SB367 Requires certain health care practitioners to communicate certain information to the public. (BDR 54-625) <http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB367.pdf>
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB367_R1.pdf
Failed second house committee passage deadline

SB391 Revises provisions relating to ethics in government. (BDR 23-1116)
<http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB391.pdf>
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB391_R1.pdf
Failed second house committee passage deadline



MEMORANDUM

TO: LARRY PINSON, PHARM.D
FROM: DEBRA ETLIN WYNN, PPRA SECRETARY AND IPPE/APPE ASSISTANT
IDAHO STATE UNIVERSITY
COLLEGE OF PHARMACY
PHONE: (208) 282-2586
SUBJECT: PRECEPTOR EVALUATION
DATE: 6/3/2011

COLLEGE OF PHARMACY

Department
of Pharmacy
Practice and
Administrative
Sciences

921 South 8th Avenue,
Stop 8333
Pocatello, Idaho
83209-8333

I have enclosed a summary sheet for the online evaluations that were completed by your P4 Advanced Pharmacy Practice Experience students during the 2010-2011 APPE year. As well as a blank copy of the instrument used in the evaluation process. Comments are printed exactly as typed by the students without any attempt to correct spelling, grammar, or inconsistencies. This copy is for your records. A copy will be put in your preceptor file as well.

JUN - 6 2011

Instructor: Larry Pinson
Year: 2010-2011

Question	Average Score
1. Adequately oriented me to the practice site.	1.00
2. Clearly identified the goals of the session, the performance expectations, and the approach to evaluation.	1.00
3. Appropriately oriented me to each new activity and/or experiences.	1.00
Completion of Objectives.	
1. The practice site provided sufficient opportunity for me to meet all of the core experience objectives.	1.00
2. The practice site provided sufficient opportunity for me to meet all of the site-specific objectives.	1.00
3. Resources were readily available on site to complete the objectives.	1.00
4. The instructor was sufficiently present and/or accessible to facilitate attainment of the objectives.	1.00
5. Estimated number of hours per week spent in direct contact with instructor.	40.00
Fostering Independent Practice -- My Instructor:	
1. Demonstrated the integration of didactic knowledge into practice.	1.00
2. Provided sufficient experience opportunities to foster my independence.	1.00
As a Mentor -- My Instructor:	
1. Regularly and in a timely manner informed me of my overall progress.	1.00
2. Was able to recognize my areas of weakness.	1.00
3. Was aware and could interpret my concerns and frustrations.	1.00
4. Could suggest useful mechanisms to enhance my strengths and fortify areas of weakness.	1.00
5. Served in a manner I would emulate given a similar position and environment.	1.00
Overall -- My Instructor:	

1. Motivated me to do my best work.	1.00
2. Was able to assist in my career development.	1.00

Site Strengths

- overall a great experience. Glad I could do it! Opened my eyes to the pharmacy from the regulation standpoint

Preceptor Strengths

- Excellent, could not have asked for a better preceptor

Advanced Pharmacy Practice Experience Preceptor Evaluation Form

Practice Site:

Practice Instructor:

Please read each statement carefully, then select the alternative that best corresponds with your evaluation of the statement – such that:

1=Strongly Agree 2=Agree 3=Neutral 4=Disagree 5=Strongly Disagree

Orientation to the Session – My Instructor:

1. Adequately oriented me to the practice site.
2. Clearly identified the goals of the session, the performance expectations, and the approach to evaluation.
3. Appropriately oriented me to each new activity and/or experiences.

Completion of Objectives.

1. The practice site provided sufficient opportunity for me to meet all of the core experience objectives.
2. The practice site provided sufficient opportunity for me to meet all of the site-specific objectives.
3. Resources were readily available on site to complete the objectives.
4. The instructor was sufficiently present and/or accessible to facilitate attainment of the objectives.
5. Estimated number of hours per week spent in direct contact with instructor.

Fostering Independent Practice – My Instructor:

1. Demonstrated the integration of didactic knowledge into practice.
2. Provided sufficient experience opportunities to foster my independence.

As a Mentor – My Instructor:

1. Regularly and in a timely manner informed me of my overall progress.
2. Was able to recognize my areas of weakness.
3. Was aware and could interpret my concerns and frustrations.
4. Could suggest useful mechanisms to enhance my strengths and fortify areas of weakness.
5. Served in a manner I would emulate given a similar position and environment.

Overall – My Instructor:

1. Motivated me to do my best work.
2. Was able to assist in my career development.

Please identify the primary strengths and weaknesses of the site and the Instructor/Instruction and, where applicable, factors that might have enhanced your experience (particularly helpful where "5" or "6" responses were given to evaluation statements):

SITE

Strengths:

Weaknesses:

Instructor/Instruction

Strengths:

Weaknesses:

Suggestions for enhancement:

Blank

May 11, 2011

I am the Gifted Education Specialist at our school, Glen Taylor ES. A few years ago, 2007, my students began working on a project to get a bill drafted and later to support an existing bill. The students recruited students and parents from other schools to get involved. The bill which is now a law was to allow the donation of unused cancer medication. In 2009 the students were able to see their hard work pay off with the passing of this legislation. Then in 2010 the students began a second campaign asking the State Board of Pharmacy why the program was not in place. Now in 2011, the third campaign of letters began which is included with this packet. We are in search of pharmacies that might sign up as providers where people can drop off their donations for people in need.

Thank you for reading these letters from my students. Although the kids are held to the highest standards, time restraints restricted the editing of these letters. Please excuse any grammatical or spelling errors as these letters were written from the heart.

At the request of the students, you were carefully chosen to be the recipient of these letters. Thank you so much for taking the time to read them. Please understand that many of the students have gone on to middle school and still return to ask about the status of our project.

We hope you can help!

Mrs. Ayala
Gifted Education Specialist
Glen Taylor ES
2655 Siena Heights Dr
Henderson NV 89052

MAY 20 2011

Glen Taylor ES
Gifted Education Department
2655 Siena Heights Dr.
Henderson, NV 89052

April 27, 2011

Dear Costco Pharmacist:

Have you ever thought about the people with cancer and those who die from it? Have you ever thought that you can make a difference in their lives? Well, you can by going

<http://bop.nv.gov/CancerDrugDonationProgram.htm>

There, you can become a provider. If you would like to do this, we would be very grateful.

Sincerely,

Emerald Green

Emerald Green

Glen Taylor ES
Gifted Education Department
2655 Siena Heights Drive
Henderson, NV 89052

April 28, 2011

Dear Walmart Pharmacist:

Would you please be one of the first sponsors for the Cancer Drug Donation Program? This program lets people donate unused cancer medication for those who cant afford it. If you participate in this program you will save thousands of lives. People will not waste expensive cancer medication and that will save a lot of money! If you would like to participate go to <http://bop.nv.gov/CancerDrugDonationProgram.htm> . It is up to you to save those lives!!! So, what are you waiting for?

Sincerely,

Jaydon D. Ayache

Kyle T. Bowman

William T. Duran

Ages 10 and 11

*Glen Taylor ES
Gifted Education Department
2655 Siena Heights Drive
Henderson NV 89052*

April 27, 2011

Dear Walgreens Pharmacist,

We think it is important to bring this fact to your attention: the law that pharmacists can allow their customers to donate unused and unopened cancer medicine to citizens who cannot currently afford it has been passed. We strongly suggest that you should sign up for the Nevada State Cancer Donation Program as a drop off location. For more information about this program, please visit <http://bop.nv.gov/>.

Thank you for all of your help!

Sincerely,

*Julia, 9
Sydney, 10
Thomas, 10*

Mark R. Lyons, Resource Specialist
Glen C. Taylor Elementary School
2655 Siena Heights Drive
Henderson, NV 89052

May 11, 2011

Dear Pharmacist:

Each year, thousands become the victim of cancer. In Nevada alone, over 11,000 individuals contract some form of cancer and 4600 die of it. One reason some die is that needy cancer patients cannot afford proper treatment since most cancer drugs are often extremely expensive. Now, thanks to the Nevada Cancer Drug Donation Act, passed in 2009, cancer survivors or the families of deceased cancer patient can donate their unused cancer medication to the less fortunate, but only via participating Nevada pharmacies listed with the Nevada Board of Pharmacy, who then, in turn, prescribe the medication to a needy cancer patient. However, to date, the Board of Pharmacy has not provided a list of participating pharmacies in which to accept donations or prescribe donated medicine to needy patients.

As a concerned citizen, a teacher, and a former cancer patient, I am asking if you have applied to the Nevada Board of Pharmacy to add your business to the list of participating pharmacies. I have also enclosed letters from students at my school who are asking for your support of this very important cause . If you have, thank you, and I encourage you to get the word out to your customers and to potential cancer drug donors as soon as possible, as how to donate cancer medicines to you.

If you have not applied, I would urgently ask you to visit the State of Nevada Board of Pharmacy website, and apply to place your business name on the list. That website is:

<http://bop.nv.gov/CancerDrugDonationProgram.htm>

Much ballyhoo has been made about government-run health care and its inordinate costs. Now, via the Nevada Cancer Drug Donation Program, private individuals can make an impact upon the health care of needy Nevadans with cancer without spending millions of taxpayer dollars. We need Nevada pharmacies like yours to be good neighbors and to make this program work. Can we count on you? Lives are at stake.

Thank you.

Sincerely,

Mark R. Lyons

5-12-11

Dear Pharmacist,

Did you know people can donate their unopened cancer medicines to needy cancer patients? We need drug stores to volunteer to take the donated drugs and prescribe them to needy cancer patients. One of my uncles died of cancer when he had cancer this might had helped him. Can you please help? Go to <http://bop.nv.gov/CancerDrugDonationProgram.htm>.

thank you,

Casey Osburn

5-1

Dear Pharmacist,

Did you know people can donate their unopened cancer medicines to needy cancer patients. We need drug stores to volunteer to take the donated drugs and prescribe them to needy cancer patients. Can you please help? Go to <http://bop.nv.gov/CancerDrDonationProgram.htm>.

Thank you,
Sincerely,

Stetson Hardisty

1 May 12, 12

Dear Pharmacist,

Did you know people can donate
their unused cancer medicine to
needy cancer patients. We need dr.
Steroids to volunteer to take the dia-
stasis and prescribe them to needy
cancer patients. Can you please help
go to <http://bope.nv.gov/cancer2012>
Program. hlp

Thank you.

Jack Smith

PROVIDE! DONATE! HELP!

DONATE!
PLEASE DONATE YOUR

PROVIDE!

MUSSED CANCER MILES

TO PEOPLE WITH
CANCER

HELP!

GO TO
NEVAD STATE
BOARD OF
PHARMACY
FOR THE INFO

Save The People

With Cancer



Help Change The
WORLD!!

Donate unused...

For more information visit the Nevada State Board of Pharmacy! Ask your local pharmacy to be a part of this program now!

<http://bop.nv.gov/CancerDrugDonationProgram.htm>

Cancer medicine

You can Save a Life

h+p://bop.nv.gov/cancer
Donation Program.htm Drug



Please

Donate /

Unusci

Cancer
medicine

Cancer
Cure

400/1100, 1000/1000

beige

PLEASE Visit

Unsed Cancer Medicine!!

by Madeline MC



http://www.unsedcancermedicine.com

5-12-11

Dear Pharmacist,

Did you know people can donate their unused cancer medicines to needy cancer patients? We need drug stores to volunteer to take these donated drugs and prescribe them to needy cancer patients. Can you please help? Go to <http://60p.nv.gov/cancerDrugDonationProgram.htm>. Thank you.

Bayden Milstead



Headquarters
5005 LBJ Freeway, Suite 250 Dallas, Texas 75244
1-877 GO KOMEN (1-877-465-6636)
www.komen.org

JUN - 6 2011

May 31, 2011

Nevada State Board Of Pharmacy
431 W Plumb Ln
Reno, NV 89509

Dear Komen Supporter:

Thank you so much for your gift of \$100.00 to Susan G. Komen for the Cure® in memory of Diane Hegeduis. Your generous gesture will go a long way toward helping us create a world without breast cancer.

With the help of friends like you, we have been able to invest more than \$1.9 billion in the fight to end breast cancer forever. That makes us the world's largest source of nonprofit funds dedicated to researching the causes and developing cures for breast cancer. In fact, dedicated friends like you have helped Susan G. Komen for the Cure support virtually every major advance in breast cancer research over the past 28 years.

But research is only one part of the fight.

At Komen, we're also dedicated to empowering every woman and man with breast cancer to seek the quality breast health care and treatment they deserve. Across the nation, Komen serves the needs of millions of people by leading education programs and supporting thousands of community health organizations. Because the more resources are available to people, present and future, the better equipped they will be to win their fight.

Thank you for being a part of this vital effort. For believing in our promise to save lives and end breast cancer. And for your ongoing generosity. Our success is only possible with the continued support of loyal friends like you.

Sincerely,

LaSalle D. Leffall Jr.

LaSalle D. Leffall, Jr., M.D.
Chairperson, Komen Board of Directors

To comply with the IRS requirements regarding charitable donations, we affirm that no goods or services have been provided to you, in whole or in part, in consideration for your contribution. This letter will serve as confirmation of your donation for income tax purposes.

The greatest risk factors for
breast cancer are being female
and growing older.

Blank



Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JUNE 1, 2011 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the June, 2011 Board meeting.

Licensing Activity:

- 10 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 5 licenses were granted for Out-of-State pharmacies.
- 11 licenses were granted for Out-of-State wholesalers.
- 3 licenses were granted for a Nevada pharmacy (pending inspection).
- 1 license was granted for a Nevada MDEG company.
- 1 license was granted for a Nevada wholesaler.

Disciplinary Action:

- Pharmacist MM was ordered into Your Success Rx (remedial training) for the misfiling of two prescriptions and pharmacy SD was fined \$750 and ordered to make policy & procedure changes as well as physical changes to their pharmacy to address the above.
- Pharmaceutical technician AB withdrew her application for reinstatement after the Board voiced their concerns about her methadone recovery program.
- Pharmaceutical technician in training NE was granted registration after satisfactorily answering questions about a past drug misdemeanor.
- Pharmaceutical technician HM was reinstated after demonstrating significant changes in her past behavior.
- Pharmacists JC and MC as well as RX Pharmacy were all ordered into Your Success Rx (remedial training) for filling for misfiling a prescription and failure to follow up on the patients concerns.
- Pharmacist SS was granted a request to reciprocate his license after satisfactorily completing a recovery program in Oregon.
- Pharmacist HP was denied a request to reciprocate his license due to past felony convictions for theft from his employer.

- Pharmacist ZB was granted reinstatement of his license however if he moves to Nevada, must enroll in the PRN-PRN recovery program before being allowed to practice.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- The reporting of TB patients to the appropriate health department authorities by pharmacists was discussed.