

June 28, 2012

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 18, 2012 – 9:00 am

Thursday, July 19, 2012 – 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.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may **entertain public comment on the proceeding at that time.**

◆ 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. 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)
2. Approval of June 6-7, 2012, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. ASL Pharmacy – Camarillo, CA
 - B. Carlisle Medical, Inc. – Mobile, AL
 - C. Institutional Pharmacy Solutions – Irwindale, CA
 - D. Reliance Rx – Amherst, NY
 - E. Rx Care Club – Lakeland, FL
 - F. Senderra Rx Partners, LLC – Richardson, TX
 - G. Triad Compounding Pharmacy – Cerritos, CA
 - H. ValuScript – Carmel, IN

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

- I. API – Scottsboro, AL
- J. Bioventus LLC – Memphis, TN
- K. Discus Dental, LLC – Ontario, CA
- L. Kuehne + Nagel Inc. – Durham, NC
- M. Olympus Biotech Corporation – Hopkinton, MA

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

- N. ABL Medical, L.L.C. – American Fork, UT
- O. Bioventus LLC – Memphis, TN
- P. Boston Scientific Neuromodulation Corporation – Valencia, CA
- Q. CPAP Care Club LLC – Franklin, TN
- R. Excelsior Medical Corporation – Neptune, NJ
- S. Helix Medical, LLC – Carpinteria, CA
- T. Keystone Industries-Myerstown & Lincoln Dental – Myerstown, PA
- U. MediLogix, LLC – Denver, CO
- V. Novasom, Inc. – Glen Burnie, MD

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- W. Family Pharmacy – Las Vegas
- X. Hale's Pharmacy – Reno

◆ REGULAR AGENDA ◆

4. 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. Sothy Him, R.Ph (10-048A-RPH-S)
- B. Walgreens #07841 (10-048-PH-S)
- C. Western Home Care (09-108-MDEG-S)
- D. Marisa Rowe, PT (12-023-PT-S)
- E. Breana Clark, PT (12-022-PT-S)
- F. John J. Dudek Jr, MD (12-008-CS-S)
- G. Angela Lorenzo, PA (11-091-PD-S)
- H. Angela Lorenzo, PA (11-091-CS-S)
- I. Chetankumar Patel, R.Ph (10-090-RPH-S)
- J. Walgreens #04197 (10-090-PH-S)
- K. Anteneh Woldetsadik, R.Ph (11-042-RPH-S)
- L. CVS/pharmacy #8780 (11-042-PH-S)

5. Applications for Nevada Pharmacy – Appearance for Possible Action:

- A. Concierge Compounding Pharmaceuticals, Inc. – Henderson
- B. Nuro Pharma Inc. – Las Vegas
- C. Well Being Specialty Rx – Las Vegas

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

- A. Millers of Wyckoff – Wyckoff, NJ
- B. My Weight Doctor Pharmacy, LLC – Rockville, MD

7. Requests for Pharmacy Technician in Training License – Appearance for Possible Action:

- A. Shari A. Challis
- B. Alex Garza
- C. Jennifer Philumalee

8. Request for Controlled Substance Registration – Appearance for Possible Action:

David L. Packer, MD

9. Requests for Practitioner Dispensing Registration – Appearance for Possible Action:

- A. Richard L. Bailey, MD
 - B. TrimBody MD
10. Request for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:
- Rutasha Moore (09-050-PT-S)
11. Request to Amend Board Order for Possible Action:
- Chris Peters (10-011-RPH-S)
12. Executive Secretary Report for Possible Action:
- A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 - 1. Introduce Shirley and Luis
 - 2. CE Presentations: RPD & NAADI
 - a. Osteo Association Thank You & Evaluation
 - 3. LCHC
 - 4. Tech Diversion Committee
 - 5. Hospital Regulation Committee
 - 6. CE Committee
 - a. Web-IZ
 - b. American Association of Clinical Endocrinologists
 - D. Reports to Board
 - 1. Your Success Rx Report
 - a. Pathway Pharmacy
 - b. Bill Locke & Hale's Pharmacy
 - c. Mark Nebeker (Smith's)
 - 2. Your SuccessRX and Star Center
 - 3. 2013 Board Meeting Dates
 - 4. CE Audit Stats
 - 5. Immunization Report
 - 6. Responding to Unlicensed Health Care in Nevada
 - E. Board Related News
 - 1. PARE
 - 2. ISMP Safety Alert
 - 3. Omnicare Settlement
 - 4. Cardinal Suspensions
 - F. Activities Report
13. General Counsel Report for Possible Action:
14. Budget – Fiscal Year 2012-2013 for Possible Action

15. 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

16. Next Board Meeting:

September 5-6, 2012 – Reno

W O R K S H O P for Possible Action

Thursday, July 19, 2012 – 9:00 am

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

- 1. **Amendment of Nevada Administrative Code 630.240** Requirements for registration of pharmaceutical technicians.
- 2. **Amendment of Nevada Administrative Code 639.7105** Electronic transmission of prescriptions listed in schedule II.

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



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 6, 2012

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

Board Members Present:

Beth Foster
Jody Lewis

Kirk Wentworth
Kam Gandhi

Jack Dalton
Cheryl Blomstrom

Board Members Absent:

Russ Smith

Board Staff Present:

Jeri Walter

Carolyn Cramer

Keith Marcher

CONSENT AGENDA

1. 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)

There was no public comment.

2. Approval of April 18-19, 2012, Minutes for Possible Action

Discussion:

Jody Lewis asked that the April 2012 minutes be amended to acknowledge that she had knowledge of the investigations of Items J and K and that she was not involved in those investigations. Also, that she and Kam Gandhi had disclosed that they knew Ke Kim, the owner of the application for pharmacy for Kim's Better Health Pharmacy, Item BBBB. Kam Gandhi also recused from participation in Item CCCCC as he knows the owner.

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

Second: Kam Gandhi

Action: Passed Unanimously.

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board Action:

Motion: Cheryl Blomstrom found the consent agenda application information to be accurate and complete and moved for approval.

Second: Jody Lewis

Action: Passed Unanimously.

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

- A. Community, A Walgreens Pharmacy – Chicago, IL
- B. Community, A Walgreens Pharmacy – San Francisco, CA
- C. Drugco Health Specialty Pharmacy & Central Fill – Roanoke Rapids, NC
- D. Hometech Advanced Therapies, Inc. – Sharon Hill, PA
- E. Kedzie Madison Drugs – Chicago, IL
- F. Kings Park Slope, Inc. – Brooklyn, NY
- G. Linden Care LLC – Syosset, NY
- H. Prime Therapeutics Specialty Pharmacy LLC – Orlando, FL
- I. Rx Remote Solutions – Naperville, IL
- J. Specialized Pharmacy Services – Midvale, UT
- K. Vets First Choice – Omaha, NE

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

- L. AmerisourceBergen Drug Corporation – Roanoke, TN
- M. AmerisourceBergen Drug Corporation – Thorofare, NJ
- N. Butler Schein Animal Health Supply – Ft Worth, TX
- O. HyGen Pharmaceuticals, Inc – Bellevue, WA
- P. R+S Northeast LLC – Fountain Run, KY
- Q. RxCrossroads Third Party Logistics Division – Louisville, KY
- R. Sandoz Inc. – Broomfield, CO
- S. Slate Pharmaceuticals, Inc. – Morrisville, NC
- T. Smith Medical Partners – Wood Dale, IL
- U. Smith & Nephew, Inc. – Memphis, TN

- V. Smith & Nephew, Inc. – Oklahoma City, OK
- W. Sobi, Inc. – Ardmore, PA
- X. Trigen Laboratories, LLC – Tampa, FL
- Y. UPS Supply Chain Solutions, Inc. – Swannee, GA
- Z. Virtus Pharmaceuticals, LLC – Tampa, FL

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

- AA. ABC Home Medical Supply, Inc. – Dallas, TX
- BB. Alick's Home Medical Equipment, Inc. – South Bend, IN
- CC. Americare Health Services Corp. – Albuquerque, NM
- DD. American Diabetes Services, Inc. – Boca Raton, FL
- EE. Arecibo Health Medical Equipment – Arecibo, PR
- FF. AS Medical Equipment, Inc. – Hormigueros, PR
- GG. Bio Horizon Medical Inc. – El Segundo, CA
- HH. CardioNet, Inc. – Eagan, MN
- II. CHS Pharmacy – Vancouver, WA
- JJ. Diabetic Warehouse, LLC – Meridian, MS
- KK. Grand Street Pharmaceutical LLC – New York, NY
- LL. Howell's Medical Equipment Supply – Milledgeville, GA
- MM. Joerns LLC – Chatsworth, CA
- NN. KCI USA, Inc. – Addison, IL
- OO. KCI USA, Inc. – Fort Worth, TX
- PP. KCI USA, Inc. – Fresno, CA
- QQ. KCI USA, Inc. – Salt Lake City, UT
- RR. Life Line Medical Supply – Brownsville, TX
- SS. Med-Fast Homecare – Aliquippa, PA
- TT. Monserrate Sales and Rental Equipment, Inc. – San Juan, PR
- UU. Nationwide Diabetic, Inc. – Sunrise, FL
- VV. Noay Respiratory, LLC – Spring Hill, TN
- WW. Palmetto Oxygen, LLC – West Columbia, SC
- XX. Pos-T-Vac Medical Inc. – Dodge City, KS
- YY. Philips Medical Systems (Cleveland), Inc. – Highland Heights, OH
- ZZ. Philips Refurbished Systems – Highland Heights, OH
- AAA. ProMedical East – Rosemont, PA
- BBB. Roadrunner Mobility Inc. – North Ridgeville, OH
- CCC. WM TherapyCare, Inc. – Atlanta, GA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- DDD. Carson Tahoe Cancer Center Pharmacy – Carson City
- EEE. MBM Drug Store, LLC – Las Vegas
- FFF. W'Care Pharmacy – Las Vegas

REGULAR AGENDA

4. Discipline for Possible Actions:

- | | | |
|----|---------------------|----------------|
| A. | Elbion Estrin, R.Ph | (12-015-RPH-N) |
| B. | CVS/pharmacy #4691 | (12-015-PH-N) |

Carolyn Cramer asked for a five minute recess to meet with CVS's legal counsel, Mike Dyer.

NOTE: Jody Lewis recused from participation as she is an employee of CVS.

Ms. Cramer returned and asked for a continuance of this matter until the September 2012 Board meeting to address an amendment of the Notice of Intended Action and Accusation to include additional issues.

Board Action:

Motion: Cheryl Blomstrom moved to continue this matter until the September 2012 Board meeting.

Second: Kam Gandhi

Action: Passed Unanimously

- | | | |
|----|-------------------------|----------------|
| C. | Robert D. Mai, R.Ph | (11-068-RPH-N) |
| D. | Save Mart Pharmacy #551 | (11-068-PH-N) |

Robert Mai, Jerry Osmondson and Robert Vaughn, representing Save Mart #551, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer called Bernadette Nieto for testimony.

Bernadette Nieto, complainant, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Cramer presented 14 Exhibits that were accepted into the record.

Ms. Nieto testified that she picked up a refill of her daughter's 600 mg. tablets of gabapentin from Save Mart #551. She noted that the prescription was not ready when she arrived at the pharmacy and the pharmacy staff hurried to fill the prescription. Ms. Nieto paid for the prescription and left with the medication that she was given. Ms. Nieto indicated that within days of ingesting the medication, her daughter began to suffer frequent seizures. After a fall, where her daughter fell and hit her head, Ms. Nieto took her to the doctor where it was discovered that she had been ingesting gemfibrozil rather than the prescribed gabapentin. Ms. Nieto indicated that she

contacted the pharmacy and they were very attentive to her needs and sympathetic that her daughter suffered from the mistake.

Joe Depczynski appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer asked Mr. Depczynski to describe his duties as an investigator and inspector for the Board. Mr. Depczynski stated that he interviewed Mr. Mai and the pharmaceutical technician, Kim Bratton, that were involved in this error. He testified that he interviewed Ms. Nieto and that he picked up the remainder of the uningested gemfibrozil from her.

Ms. Cramer guided Mr. Depczynski through each of the 14 Exhibits and he explained in detail what each of them was for the Board's clarification. Mr. Depczynski also presented the original bottle of the misfilled prescription for the Board to examine.

Mr. Depczynski testified that Kim Bratton, the pharmaceutical technician involved in the filling of this prescription, overrode the generic substitution warning. Mr. Mai was the verifying pharmacist for this fill, however he did not notice that the medication in the bottle was not the medication indicated on the label, and he put the green label on the bottle indicating that the drug may look different but the medication is the same.

Mr. Depczynski indicated that the pharmacy has now moved the look alike/sound alike drugs and now they use another generic manufacturer so the stock bottles do not look alike.

Kimberly Bratton appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Bratton testified that she has been a pharmaceutical technician for 14 years and has worked with Mr. Mai for approximately four years. She remembers being hurried while filling this prescription because the patient was waiting. Ms. Cramer asked if she knew what the GPI warning is. Ms. Bratton stated that GPI means something that doesn't match. Ms. Bratton stated that she may not have given Mr. Mai the override information when she gave him the prescription for verification because she was hurried. Ms. Bratton testified that she had, and used, Mr. Mai's security code even though she knew she should not have it. She stated that she should have printed the DUR screen for Mr. Mai, but maybe because she was in a hurry she failed to do so.

Mr. Mai wanted to clarify that they do not have a scanning system at Save Mart and all NDC numbers are input by hand.

Mr. Vaughn made a statement that Save Mart is committed to patient safety. They have implemented a system hard stop for GPI transactions and strictly prohibit pharmacists from sharing their security codes with pharmaceutical technicians.

Mr. Mai made a statement regarding GPI overrides and indicated that the problem has been fixed. He indicated that they see repetitive alerts all day long and they become immune to seeing them. Mr. Mai also indicated that it was distracting to go back and forth from what he was working on to a pharmaceutical technician's workstation to override an alert, which is why he shared his security code with Ms. Bratton.

Carolyn Cramer gave closing remarks finding guilt on all three Causes of Action and noted that she had no recommendations. Ms. Cramer also commended Save Mart for their efforts to improve their pharmacies.

Board Action:

Motion: Kam Gandhi moved to find Mr. Mai guilty of the First Cause of Action for failing to strictly follow the directions of the prescriber.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved to find Mr. Mai guilty of the Second Cause of Action for allowing Ms. Bratton to have access to his security code to override warnings without his oversight.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Jody Lewis moved to find Save Mart #551 guilty of the Third Cause of Action for owning and operating the store in which the errors occurred.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Kirk Wentworth moved to fine Mr. Mai \$1,000.00 for the First Cause of Action, \$1,000.00 for the Second Cause of Action and remand Save Mart #551 to the Your Success Rx program and pay the fees and costs in this matter for the Third Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

5. Appearance for Possible Action:

HHS State Health IT Coordinator – Lynn O'Mara

Lynn O'Mara and Stefani Hogan gave a comprehensive presentation regarding the technological advantages coming for providers and Health Information Exchange (HIE) grantees. They noted that in 2015 Medicare will decrease reimbursements to prescribers for not using e-prescribing technology. SureScripts tracks and reports e-prescribing activity nationwide and they identified two areas in Nevada that do not have a pharmacy available for e-prescribing enabled practitioners and one is in Beatty and the other in Eureka. The closest pharmacies are 70 miles plus from the practitioner. They reiterated how important e-prescribing technology is for the industry and fielded questions from the Board.

6. Request for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:

Rutasha Moore

(09-050-PT-S)

Ms. Moore requested her request for reinstatement be rescheduled for the July Board meeting.

7. Applications for Nevada Pharmacy – Appearance for Possible Action:

A Seven Hills Behavioral Institute – Henderson

Eric Kennedy appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Kennedy explained that Seven Hills is a 58 bed psychiatric hospital and gave details regarding the pharmacy practice and security measures that are in place. He described his business plan and answered questions from the Board.

Board Action:

Motion: Kirk Wentworth moved to approve the application for pharmacy for Seven Hills Behavioral Institute.

Second: Jack Dalton

Action: Passed Unanimously

B. St. Mary's Regional Medical Center – Reno

Paul Vitkus and Helen Ledholm appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Vitkus and Ms. Ledholm advised that this is basically just a name change application. They are 797 compliant and all of the same policies and procedures will remain in place. Ms. Ledholm indicated that Prime Healthcare is a California based, privately owned for profit entity and they also have facilities in Texas and Pennsylvania.

The hospital is no longer a Catholic facility, however they will allow the four remaining sisters to stay and employ a priest so they can keep the St. Mary's name. When asked who the owner is Ms. Ledholm indicated it was Dr. Reedy. Carolyn Cramer asked if Dr. Reedy was a practicing physician in Nevada because in Nevada a physician was not allowed to be more than a 10% owner of a medical facility. Ms. Ledholm indicated that Dr. Reedy is no longer practicing in any state and is busy with the operation of the hospitals. Ms. Cramer asked if they would provide a letter acknowledging that fact that Dr. Reedy no longer practices medicine, and was assured that they would provide a letter to Board staff.

Board Action:

Motion: Kirk Wentworth moved to approve the pharmacy application for St. Mary's Regional Medical Center pending receipt of the letter described above.

Second: Jody Lewis

Action: Passed Unanimously

C. VIP Pharmacy – Las Vegas

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

Because of Mr. Ly's extensive history with the Board they questioned he and Mr. Espadero extensively. Mr. Espadero testified that he feels Mr. Ly had learned a valuable lesson from his experience and even though he has not been on probation for a long period of time, he still checks in with him to touch bases. Mr. Espadero indicated he trusts Mr. Ly explicitly and would use him for his personal pharmacist. Mr. Ly was very forthcoming with his testimony regarding his previous problems, however he is now married and has a six year old son that he wants to be a role model for. His life has completely changed because of his relationship with his wife and then the birth of his son and they mean everything to him. President Foster expressed serious concern that Mr. Ly be alone in a pharmacy where he is ordering drugs and surrounding himself with temptation. Mr. Espadero and Mr. Ly both indicated that his wife will be working with him and feel confident that he will run an upstanding pharmacy. Mr. Ly described his business plan and answered questions from the Board.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for pharmacy for VIP Pharmacy.

Second: Jody Lewis

Action: Passed Unanimously

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

A. Central Drugs – La Habra, CA

Nayan Patel appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Patel explained that Central Drugs is a PCAB accredited pharmacy and specialize in vitamin IV therapy. He will be working with physicians and patients in Nevada. Central Drugs uses Golden State for overnight shipping for delivery before 10:30 a.m. They ship direct to the patient on a per script patient specific basis. Mr. Patel answered questions from the Board to their satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve the application for out of state pharmacy for Central Drugs.

Second: Jody Lewis

Action: Passed Unanimously

B. Pallimed Solutions, Inc. – Woburn, MA

Jim Nahill appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Nahill explained that they work 90% of the time through urologists for their patient's needs. They have bladder cancer patients and erectile dysfunction patients that they provide trimix to these patients. Mr. Nahill testified that they are 797 compliant and Pallimed maintains standards higher than 797 requires. He indicated that he attended an anti aging conference and promoted his business there, also. Mr. Nahill responded to questions from the Board to their satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve the application for out of state pharmacy for Pallimed Solutions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

9. Request for Practitioner Dispensing Registration - Appearance for Possible Action:

Jason R. Burke, MD

Jason Burke appeared and was sworn by President Foster prior to answering questions or offering testimony.

Dr. Burke indicated that he is an anesthesiologist and he found that mostly vacationers in Las Vegas drink too much and go through withdrawal from alcohol and suffer from dehydration and toxicity. Some of these people go to the ER for treatment, but in reality they are taking time away from patients that truly need care. He thought he could provide a service to those people and free the ER's to concentrate on more serious cases. Dr. Burke stated that he has two locations that have been approved by the Nevada Board of Health – one walk-in office and a bus. Dr. Burke will only treat people that have not consumed alcohol for at least 4 hours. He will not dispense any controlled substances and only very limited prescription drugs will be dispensed in small quantities at the office location only. He asked the Board to approve his request for a dispensing registration.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for a dispensing registration for Hangover Heaven.

Second: Jack Dalton

Action: Passed Unanimously

10. Executive Secretary Report for Possible Action:

A. Financial Report

The financial report will be presented at the July Board meeting. Kirk Wentworth, the Board Treasurer, will be working with staff on the Budget, also.

B. Temporary Licenses

Two temporary licenses were granted since the last Board meeting.

C. Staff Activities

1. Legislative Committee on Health Care (5/8)

The Emergency regulation has been finalized through the normal regulatory process and several synthetic cannabinoids are now permanently scheduled in Schedule I.

2. Workgroup to Address Controlled Substance Diversion by PT's (5/10)

The committee had their first meeting on May 10th and were tasked with coming up with suggestions on how to control PT diversion. The next meeting will be on June 21st.

3. CE in Conjunction with RPD; Osteopathic Physicians; Carson City

The CE's were very successful. The CE with RPD drew 100 participants on the first night and 150 the second.

4. Dental Article

Larry Pinson included in the Board book an article he had written that was published in the Nevada Dental Association Journal.

D. Reports to Board

1. Thank You Email

Mr. Pinson provided a copy of an e-mail commending the Board's website ease of use and Board staff's help getting MedSupply licensed as an out of state MDEG provider.

2. Dental Association Help in PMP Registration

The Nevada Dental Association has stepped up their effort to get their dentists to register to use the prescription monitoring program.

E. Board Related News

1. New Inspector in Las Vegas – Luis Curras

F. Activities Report

President Foster reported that Keith Macdonald was honored by receiving the Honorary President's award at the NABP Annual Meeting.

President Foster also noted that they had a conference call with Ken Whittemore from SureScripts. Nevada law requires the prescriber to have a controlled substance registration number and that the patient is examined within six months. Mr. Whittemore indicated that the Nevada controlled substance registration number and the last date that the patient was examined can be entered into forced fields now. The indication for use can be placed in the notes field now, however it would not be a forced function.

Cheryl Blomstrom, along with President Foster attended a meeting relating to unlicensed medical practices Frankie Sue Del Pappa conducted. President Foster advised that Ms. Del Pappa is dedicated to bringing the problem of storefront medical practices to the forefront to educate the public on the dangers of not obtaining licensed medical practitioners for their medical needs. President Foster also noted that Ms. Del Pappa is very complementary toward the Board of Pharmacy for their active support in this efforts.

Ms. Blomstrom reported to the Board that she met with President Foster prior to attending the meeting they attended together and toured the VA Hospital Pharmacy. She indicated that she was very impressed with the advanced pharmacy practices at President Foster's facility.

11. General Counsel Report for Possible Action:

- A. Update of Legislative Commission approval of making AM-2201, AM-694, JWH-210, JWH-122, JWH-250 and JWH-81 listed in NAC 453.510.
- B. Update of Wholesaler/Pharmacy Litigation in Nevada

12. Next Board Meeting:

July 18-19, 2012 – Las Vegas

13. 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)

There was no public comment.

Blank

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ASL Pharmacy

Physical Address: 900 Calle Plano, Suite M

Mailing Address: 900 Calle Plano, Suite M

City: Camarillo State: CA Zip Code: 93012

Telephone: 805-484-2126 Fax: 866-442-7579

Toll Free Number: 866-552-7579 (Required per NAC 639.708)

E-mail: compliance@aslrx.com Website: www.aslrx.com

Managing Pharmacist: John E. Sandstrom License Number: 40862

Hours of Operation:

Monday thru Friday <u>7:30</u> am <u>6:00</u> pm	Saturday <u>7:30</u> am <u>4:00</u> pm
Sunday <u>Closed</u> am ____pm	24 Hours <u>N/A</u>

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds ____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CARLISLE MEDICAL, INC.

Physical Address: 509 BOULEVARD PARK EAST

Mailing Address: 509 BOULEVARD PARK EAST

City: MOBILE State: AL Zip Code: 36609

Telephone: 251-344-7988 Fax: 251-343-7682

Toll Free Number: 800-553-1723 (Required per NAC 639.708)

E-mail: pharmacy@carlislemedical.com Website: carlislemedical.com

Managing Pharmacist: JERRY MICHAEL PARTRIDGE License Number: AL 9405

Hours of Operation:

Monday thru Friday <u>7:30</u> am <u>6:00</u> pm	Saturday <u>8:00</u> am <u>9:00</u> am
Sunday <u>CLOSED</u> am <u>CLOSED</u> pm	24 Hours <u>—</u>

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Institutional Pharmacy Solutions
Physical Address: 10520 N. Irwindale Ste. 228 Irwindale, CA 91702
Mailing Address: 2000 Interstate PK. DR. Ste 100 Montgomery, AL 36109
City: Irwindale State: CA Zip Code: 91702
Telephone: 334-819-4500 Fax: 334-819-4520
Toll Free Number: 855-299-9799 (Required per NAC 639.708)
E-mail: Jgreen@IPspharmacy.com Website: WWW.IPSpharmacy.com
Managing Pharmacist: Minh Tri Van Nguyen License Number: 601858

Hours of Operation:

Monday thru Friday 8 am 4 pm Saturday closed am _____ pm
Sunday closed am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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<input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Specialty Pharmacy Management (DBA: Reliance Rx)

Physical Address: 45 Earhart Drive Ste. 110

Mailing Address: 45 Earhart Drive Ste. 110

City: Amherst State: New York Zip Code: 14202

Telephone: 716-929-1060 Fax: 716-532-7360

Toll Free Number: 1-800-809-4763 (Required per NAC 639.708)

E-mail: anash@reliancerxsp.com Website: reliancerxsp.com

Managing Pharmacist: Amy Bridget Nash License Number: 050760

Hours of Operation:

Monday thru Friday 8 am 5 pm

Saturday 1 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

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Diabetes Care Club, LLC d/b/a Rx Care Club

Physical Address: 500 Eagles Landing Drive, Suite B

Mailing Address: same as physical address

City: Lakeland State: Florida Zip Code: 33810

Telephone: 866-336-4103 Fax: 877-223-0483

Toll Free Number: 866-336-4103 (Required per NAC 639.708)

E-mail: testrill-lett@simplexhealthcare.com Website: n/a

Managing Pharmacist: Tamara Estrill-Lett License Number: PS28617

Hours of Operation:

Monday thru Friday <u>8</u> am <u>5</u> pm	Saturday <u>on call</u> am <u> </u> pm
Sunday ^{closed} <u> </u> am <u> </u> pm	24 Hours <u> </u>

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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60365

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

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Senderra Rx Partners, LLC

Physical Address: 1301 E Arapaho Rd Ste 101 Richardson, TX 75081

Mailing Address: 1301 E Arapaho Rd Ste 101

City: Richardson State: TX Zip Code: 75081

Telephone: 888-777-5547 Fax: 888-777-5645

Toll Free Number: 888-777-5547 (Required per NAC 639.708)

E-mail: admins@senderrarx.com Website: http://www.senderrarx.com

Managing Pharmacist: Tommy J. Phillips License Number: 25625
(Texas)

Hours of Operation:

Monday thru Friday 8 am 8 pm

Saturday 9 am 2 pm

Sunday am pm

24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TRIAD COMPOUNDING PHARMACY

Physical Address: 11090 E. ARTESIA BLVD. SUITE H

Mailing Address: 11090 E ARTESIA BLVD. SUITE H

City: CORRITOS State: CA Zip Code: 90703

Telephone: 562-460-4311 Fax: 562-460-4314

Toll Free Number: 800-851-7900 (Required per NAC 639.708)

E-mail: RONMillerPharmacy@gmail.com Website: www.triadcompoundingpharm.com

Managing Pharmacist: RONALD S MILLER License Number: 29677 CA

Hours of Operation:

Monday thru Friday <u>THURSDAY</u> <u>9</u> am <u>5</u> pm Friday <u>9</u> am <u>4</u> pm Sunday <u>CLOSED</u> am <u>CLOSED</u> pm	Saturday <u>CLOSED</u> am <u>CLOSED</u> pm 24 Hours <u>NO</u>
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TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <u>COMPOUNDED RX ONLY</u> <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Valu Script

Physical Address: 102 E CARMEL DR.

Mailing Address: 102 E CARMEL DR.

City: CARMEL State: IN Zip Code: 46032

Telephone: 317 573-4004 Fax: 317 573-4003

Toll Free Number: 1-855-724-6791 (Required per NAC 639.708)

E-mail: ziad@valuscript.net Website: valuscript.net

Managing Pharmacist: ZIAD KHADER License Number: _____

Hours of Operation:

Monday thru Friday 10 am 6 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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

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

GENERAL INFORMATION

Facility Name: Associated Pharmacies, Inc. dba API

Physical Address: 5375 Mineral Wells Road

Mailing Address: 211 Lonnie Crawford Blvd, Scottsboro, AL, 35769

City: Memphis State: TN Zip Code: 38141

Telephone: 901-800-4600 Fax: 901-800-4601

Toll Free Number: N/A

E-mail: forrest@apirx.com Website: www.apirx.com

Facility Manager: Forrest Williams

Professional qualifications and experience of facility manager: B.S. Business Admin,
API President, deep knowledge API operations & processes

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>WH 01815</u>)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: BIOVENTUS LLC

Physical Address: 3303 E Holmes Road, Memphis TN 38118-8101

Mailing Address: c/o Business Licenses, PO Box 867

City: Monsey State: NY Zip Code: 10952

Telephone: 800-396-4325 Fax: 901-566-7657

Toll Free Number: 800-396-4325

E-mail: alicia.stevens@bioventusglobal.com Website: www.bioventusglobal.com

Facility Manager: Anthony James

Professional qualifications and experience of facility manager: See attached resume of Anthony James

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: _____

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

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

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

GENERAL INFORMATION

Facility Name: Discus Dental, LLC
Physical Address: 1700-A South Baker Avenue, Ontario, CA 91761
Mailing Address: 12121 W. Bluff Creek Drive, Suite 100
City: Los Angeles State: CA Zip Code: 90094
Telephone Number: 310-845-8600 Fax Number: 310-845-8647
Toll Free Number: _____
E-mail: sanjay.j.patel@philips.com Website: www.discusdental.com
Facility Manager: Sanjay Patel
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only
Received: JUL 02 2012 Amount: 500.00 Entry: 60432

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

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

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

New Wholesaler ☒

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

FACILITY INFORMATION

Facility Name: Kuehne + Nagel Inc.

Physical Address: 2525 Whilden Drive, Durham, NC 27713

Mailing Address: Attn: Margaret Geneau, licensing and compliance Paralegal
10 Exchange Place, 14th Floor

City: Jersey City State: NJ Zip Code: 07312

Telephone Number: _____ Fax Number: _____

E-mail: Tad.ruble@kuehne-nagel.com/margaret.geneau@kuehne-nagel.com

Facility Manager: Michael Tad Ruble

Professional qualifications and experience of facility manager: _____

please see attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other _____

Type of Products to be handled or wholesaled by firm

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

Board Use Only

Received JUN 06 2012 Check Number _____ Amount 500.00

60206

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

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

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

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

GENERAL INFORMATION

Facility Name: Olympus Biotech Corporation

Physical Address: 35 South Street

Mailing Address: 35 South Street

City: Hopkinton State: MA Zip Code: 01748

Telephone: 508-416-5200 Fax: 508-544-6228

Toll Free Number: N/A

E-mail: jonathan.harrington@olympusbiotech.com Website: www.olympusbiotech.com/us/index.php

Facility Manager: Dave Renker

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: ABL Medical, L.L.C.

Physical Address: 705 East 50 South, American Fork, Utah, 84003
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 705 East 50 South

City: American Fork State: Utah Zip Code: 84003

Telephone: 801-763-8000 Fax: 801-216-4926

E-mail: rjholladay@ablmedical.com Website: ablmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 5 Tue: 10 to 5 Wed: 10 to 5 Thu: 10 to 5

Fri: 10 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Holladay

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 Prosthethics

Other: Wound dressing gel

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

Name: NA

Telephone: NA

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

☐ New MDEG ☒ Ownership Change
(Please provide current license number if making changes: MP or MW MP00978)

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

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

FACILITY INFORMATION

Facility Name: BIOVENTUS LLC

Physical Address: 3303 E Holmes Road, Memphis TN 38118-1801
(This must be a business address, we can not issue a license to a home address)

Mailing Address: c/o Business Licenses, PO Box 867

City: Monsey State: NY Zip Code: 10952

Telephone: 800-396-4325 Fax: 901-566-7657

E-mail: alicia.stevens@bioventusglobal.com Website: www.bioventusglobal.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon:7:30amto7:00 pmTue:7:30amto7:00 pm Wed:7:30am to7:00 pmThu:7:30amto7:00 pm

Fri: 7:30am to 7:00 pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Anthony James

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: Osteogenesis stimulator (Class III Medical Devices) |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: BOSTON SCIENTIFIC NEUROMODULATION CORPORATION

Physical Address: 25155 RYE CANYON LOOP, VALENCIA, CA 91355

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

Mailing Address: STATE LICENSE SERVICING, 321 RTE. 94 SOUTH

City: WARWICK State: NY Zip Code: 10990

845-544-2482 LICENSING

845-544-2481

Telephone Number: 661-949-4725 FACILITY Fax Number: 661-949-4842

E-mail: BSC@SLSNY.COM

Website: WWW.CONTROLYOURPAIN.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00A to 5:00P Tue: 8:00A to 5:00P Wed: 8:00A to 5:00P Thu: 8:00A to 5:00P

Fri: 8:00A to 5:00P Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: PATRICK CROTEAU

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

☐ Medical Gases**

☐ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis

☐ Diabetic Supplies

Other: TENS UNIT SUPPLIES AND CHARGING EQUIPMENT

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

Board Use Only

Received

JUN 06 2012

Amount

500.00

Entity

60209

1

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP00759</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: CPAP Care Club, LLC

Physical Address: 6840 Carothers Parkway, Suite 400, Franklin, TN 37067

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

Mailing Address: 6840 Carothers Parkway, Suite 400

City: Franklin

State: TN

Zip Code: 37067

Telephone: (800) 487-5566

Fax: (800)494-3535

E-mail: asmith@cpapcareclub.com

Website: http://www.cpapcareclub.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 am to 5pm Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Andrew R. Smith, Managing Member

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

☐ Medical Gases**

☒ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other:

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

Name:

Telephone:

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

FACILITY INFORMATION

Facility Name: Excelsior Medical Corporation

Physical Address: 1933 Heck Avenue Neptune NJ 07753
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1933 Heck Avenue

City: Neptune State: NJ Zip Code: 07753

Telephone: 732-776-7525 Fax: 732-776-7100

E-mail: Jlinfante@excelsiormedical.com Website: excelsiormedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ruben Martinez

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>medical devices</u> |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Helix Medical, L.L.C.
Physical Address: 1110 Mark Ave, Carpinteria, CA 93013
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1110 Mark Ave
City: Carpinteria State: CA Zip Code: 93013
Telephone: 1-800-477-5969 Fax: 1-888-371-1530
E-mail: info@helixmedical.com Website: www.helixmedical.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 pacific time
Fri: 8 to 5 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: MR. Andrew Becker, General Manager

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 (voice prosthesis)
- Other: _____

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Mycone Dental Supply Co., Inc. d/b/a Keystone Industries-Myerstown & Lincoln Dental

Physical Address: 52 West King Street, Myerstown, PA 17067

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

Mailing Address: c/o State License Servicing, 321 Route 94 South, Warwick, NY 10990

City: _____ State: _____ Zip Code: _____

Facility: (717) 866-7571

(717) 866-5129

Telephone: Licensing: (845) 544-2482

Fax: (845) 544-2481

E-mail: key@slny.com

Website: www.keystoneind.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8am to 5pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Debbie Hansen

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: DENTAL PHARMACEUTICALS

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: MediLogix, LLC

Physical Address: 1512 Larimer Street, Suite 950, Denver CO 80202

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

Mailing Address: 1512 Larimer Street, Suite 950

City: Denver State: CO Zip Code: 80202

Telephone: 720-459-9800 Fax: 720-459-9801

E-mail: kbrown@medilogixllc.com Website: www.medilogixllc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Doug Suhler

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

☒ Medical Gases**

☒ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☒ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: Durable Medical Equipment

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

Name: Doug Suhler

Telephone: 855-633-4564

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: NOVASOM, Inc.

Physical Address: 801 Cromwell Park Dr, Ste 108, Glen Burnie, MD 21061
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 801 Cromwell Park Dr, Ste 108

City: Glen Burnie State: MD Zip Code: 21061

Telephone Number: 410-590-0443 Fax Number: 410-590-4443

E-mail: choburg@novasom.com Website: www.novasom.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5:30 Tue: 8 to 5:30 Wed: 8 to 5:30 Thu: 8 to 5:30
Fri: 8 to 5:30 Sat: 9 to 3 Sun: \ to \ Holidays: \ to \

FACILITY ADMINISTRATOR INFORMATION

Name: Carl Hoburg

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: Diagnostic testing equipment

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

Board Use Only

Received

JUN 13 2012

Amount

500.00

Entity

60295

1

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: FAMILY PHARMACY

Physical Address: 4527 W SAHARA AVE, LAS VEGAS, NEVADA 89102

Mailing Address: 6274 PALE PAVILION AVE, LAS VEGAS, NEVADA 89139

City: LAS VEGAS State: NV Zip Code: 891

Telephone: 702-327-9580 Fax: 702-987-5477

Toll Free Number: NONE

E-mail: R.FAMILY Website: _____

Managing Pharmacist: NUREEN RAZA License Number: 15560

Hours of Operation:

Monday thru Friday	<u>9</u> am <u>5</u> pm	Saturday	<u>10</u> am <u>3</u> pm
Sunday	<u>CLOSED</u> am _____ pm	24 Hours	<u>NO</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

Application must be printed legibly or typed

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☐ New Pharmacy ☒ **Ownership Change** ☒ Name Change ☐ Location Change
(Please provide current license number if making changes: PH 00734)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership – Pages 1,2,5,7,8a,8b
☒ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hale's Pharmacy

Physical Address: 901 E. Second ST #102 Reno NV 89502

Mailing Address: 901 E. Second ST #102 Reno NV 89502

City: RENO State: NV Zip Code: 89502

Telephone: 775-322-2171 Fax: 775-322-8902

Toll Free Number: 888-882-8801

E-mail: Hales@SierraHm.com Website: www.sierrahhealthmart.com

Managing Pharmacist: DAVID VASENDEN License Number: 13914

Hours of Operation:

- currently PIC at south store will change PIC at time of sale

Monday thru Friday 9 am 5:30 pm

Saturday N/A am 4 pm

Sunday N/A am N/A pm

24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**AMENDED NOTICE OF
INTENDED ACTION AND
ACCUSATION**

v.

**SOTHY HIM, R.PH
Certificate of Registration No. 15426**

Case No. 10-048A-RPH-S

**JASON WILLIAMSON, R.PH
Certificate of Registration No. 17474**

Case No. 10-048B-RPH-S

**WALGREENS #07841
Certificate of Registration No. PH01942
Respondents.**

Case No. 10-048-PH-S

_____ /

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Sothy Him, RPh, (Certificate Number 15426) and Jason Williamson, RPh, (Certificate Number 17474) are registered pharmacists with the Board and Respondent Walgreens #07841 is a pharmacy licensed by the Board, located at 10510 Southern Highlands Parkway, Las Vegas, Nevada.

II.

On or about May 3rd, 2010 Ms. W picked up a prescription from Walgreens #07841 for her daughter, Patient H. Approximately two months previous to May 3rd, 2010, Patient H was diagnosed with depression and anxiety and was prescribed fluoxetine. Ms. W took the medication she received from the pharmacy home to her daughter and Patient H continued her therapy as directed by her physician.

III.

After taking the medication she was given, Patient H became lethargic and had difficulty focusing to the point that her grades began to suffer. Ms. W made an appointment to visit Patient H's psychiatrist on May 18th, 2010 to discuss the side effects of her medication.

IV.

On May 16th, 2010 a message was left on Ms. W's telephone recorder from the pharmacy indicating that there had been an error made on Patient H's prescription. Since the pharmacy was closed by the time Ms. W received the message, she contacted the pharmacy the following day and was advised that her daughter's medication had been mixed with temazepam, a sedative/hypnotic.

V.

During the investigation of this matter it was learned that Jason Williamson was the responsible pharmacist for verification of Patient H's prescription. It was determined that this was a Baker Cell filling error and that two different drugs were put in the same Cell, Baker Cell #27. Until this error was brought to Mr. Williamson's attention, prescriptions were still being filled from Baker Cell #27. Mr. Williamson immediately went to Cell #27 and found temazepam 30 mg. capsules mixed in with fluoxetine 20 mg. capsules. Mr. Williamson tried to determine the number of prescriptions that had the potential to be contaminated and identified 20 such patients. He contacted pharmacy manager Sothy Him. Mr. Williamson was not satisfied with Mr. Him's direction in dealing with this serious matter, so Mr. Williamson made telephone calls to the patients that he identified as having contaminated medication advising them to stop taking their fluoxetine capsules and return their prescriptions to the pharmacy as soon as possible. He also completed incident reports for every patient that had received contaminated fluoxetine 20 mg. capsules, notified their physicians of the error and quarantined all returned medication. Mr. Williamson also contacted Walgreens District Pharmacy Supervisor, Holly Prievo advising her of the mass mis-fill.

VI.

At the time of this error Sothy Him was responsible for filling the Baker Cells. There was no log maintained in the pharmacy indicating lot numbers or expiration dates

for the medications put into the Baker Cells. Labeling of the Baker Cells was not up to date with the trade name, manufacturer, strength, expiration date, lot number and the initials of the pharmacist who placed or verified the medication placed into the device. Stock bottles of fluoxetine 20 mg. capsules and temazepam 30 mg. capsules are both manufactured by Sandoz and the stock containers look identical. It was found that the temazepam 30 mg. capsules may have been stored in the wrong location and unintentionally placed in Baker Cell #27 where fluoxetine 20 mg. capsules were stored.

VII.

In written statements by several pharmacy staff members it was indicated that Sothy Him was the person responsible for filling the Baker Cell device. Only in his absence was another pharmacist allowed to complete that task and never a pharmaceutical technician. Mr. Him was overheard telling patients returning their medications to the pharmacy that one of the technicians filled the Baker Cell and just did not pay attention, and since this error occurred he would not allow technicians to fill the Baker Cells to avoid this from happening again. In Mr. Him's written statement, he regretted the error happened, however he did not take responsibility for the incident.

VIII.

When interviewed by Board Staff Mr. Him indicated that he removed the card/label of information from the contaminated Baker Cell #27 and did not save it. He could not explain why he would throw out the one piece of information that would identify who filled the Baker Cell in error. Mr. Him said he did not know who made the error in filling Baker Cell #27 nor did he investigate who was responsible for contaminating Baker Cell #27. It was Mr. Him's position that any pharmacist or pharmaceutical technician could have filled Baker Cell #27.

FIRST CAUSE OF ACTION

IX.

By verifying and dispensing temazepam 30 mg. capsules that were not prescribed for Patient H among her fluoxetine 20 mg. capsules, Mr. Williamson violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

X.

By failing to maintain a log or labeling the Baker Cell device drawers with the required information or have Policies and Procedures in place to address these requirements, Mr. Him violated NRS 639.210(4) and/or NAC 639.725 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

XI.

By destroying the card/label for Baker Cell #27 that would contain the identity of the pharmacist who was responsible for filling Baker Cell #27, Mr. Him violated NRS 639.210(4) and/or NAC 639.945(1)(m).


FOURTH CAUSE OF ACTION

XII.

In owning and operating the pharmacy in which Mr. Him and Mr. Williamson committed the above violations, Walgreens #07841 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and (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 25th day of May, 2012.


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

NOTICE TO RESPONDENT

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

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**

**SOTHY HIM, R.PH
Certificate of Registration No. 15426**

Case No. 10-048A-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 18, 2012 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 25th day of May, 2012.


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

SOTHY HIM, R.PH
Certificate of Registration No. 15426
Respondent.

Case No. 10-048A-RPH-S

_____/

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

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

///

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

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

DATED this _____ day of _____, 2012.

Sothy Him, R.Ph

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**AMENDED NOTICE OF
INTENDED ACTION AND
ACCUSATION**

v.

**SOTHY HIM, R.PH
Certificate of Registration No. 15426**

Case No. 10-048A-RPH-S

**JASON WILLIAMSON, R.PH
Certificate of Registration No. 17474**

Case No. 10-048B-RPH-S

**WALGREENS #07841
Certificate of Registration No. PH01942
Respondents.**

Case No. 10-048-PH-S

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Sothy Him, RPh, (Certificate Number 15426) and Jason Williamson, RPh, (Certificate Number 17474) are registered pharmacists with the Board and Respondent Walgreens #07841 is a pharmacy licensed by the Board, located at 10510 Southern Highlands Parkway, Las Vegas, Nevada.

II.

On or about May 3rd, 2010 Ms. W picked up a prescription from Walgreens #07841 for her daughter, Patient H. Approximately two months previous to May 3rd, 2010, Patient H was diagnosed with depression and anxiety and was prescribed fluoxetine. Ms. W took the medication she received from the pharmacy home to her daughter and Patient H continued her therapy as directed by her physician.

III.

After taking the medication she was given, Patient H became lethargic and had difficulty focusing to the point that her grades began to suffer. Ms. W made an appointment to visit Patient H's psychiatrist on May 18th, 2010 to discuss the side effects of her medication.

IV.

On May 16th, 2010 a message was left on Ms. W's telephone recorder from the pharmacy indicating that there had been an error made on Patient H's prescription. Since the pharmacy was closed by the time Ms. W received the message, she contacted the pharmacy the following day and was advised that her daughter's medication had been mixed with temazepam, a sedative/hypnotic.

V.

During the investigation of this matter it was learned that Jason Williamson was the responsible pharmacist for verification of Patient H's prescription. It was determined that this was a Baker Cell filling error and that two different drugs were put in the same Cell, Baker Cell #27. Until this error was brought to Mr. Williamson's attention, prescriptions were still being filled from Baker Cell #27. Mr. Williamson immediately went to Cell #27 and found temazepam 30 mg. capsules mixed in with fluoxetine 20 mg. capsules. Mr. Williamson tried to determine the number of prescriptions that had the potential to be contaminated and identified 20 such patients. He contacted pharmacy manager Sothy Him. Mr. Williamson was not satisfied with Mr. Him's direction in dealing with this serious matter, so Mr. Williamson made telephone calls to the patients that he identified as having contaminated medication advising them to stop taking their fluoxetine capsules and return their prescriptions to the pharmacy as soon as possible. He also completed incident reports for every patient that had received contaminated fluoxetine 20 mg. capsules, notified their physicians of the error and quarantined all returned medication. Mr. Williamson also contacted Walgreens District Pharmacy Supervisor, Holly Prieto advising her of the mass mis-fill.

VI.

At the time of this error Sothy Him was responsible for filling the Baker Cells. There was no log maintained in the pharmacy indicating lot numbers or expiration dates

for the medications put into the Baker Cells. Labeling of the Baker Cells was not up to date with the trade name, manufacturer, strength, expiration date, lot number and the initials of the pharmacist who placed or verified the medication placed into the device. Stock bottles of fluoxetine 20 mg. capsules and temazepam 30 mg. capsules are both manufactured by Sandoz and the stock containers look identical. It was found that the temazepam 30 mg. capsules may have been stored in the wrong location and unintentionally placed in Baker Cell #27 where fluoxetine 20 mg. capsules were stored.

VII.

In written statements by several pharmacy staff members it was indicated that Sothy Him was the person responsible for filling the Baker Cell device. Only in his absence was another pharmacist allowed to complete that task and never a pharmaceutical technician. Mr. Him was overheard telling patients returning their medications to the pharmacy that one of the technicians filled the Baker Cell and just did not pay attention, and since this error occurred he would not allow technicians to fill the Baker Cells to avoid this from happening again. In Mr. Him's written statement, he regretted the error happened, however he did not take responsibility for the incident.

VIII.

When interviewed by Board Staff Mr. Him indicated that he removed the card/label of information from the contaminated Baker Cell #27 and did not save it. He could not explain why he would throw out the one piece of information that would identify who filled the Baker Cell in error. Mr. Him said he did not know who made the error in filling Baker Cell #27 nor did he investigate who was responsible for contaminating Baker Cell #27. It was Mr. Him's position that any pharmacist or pharmaceutical technician could have filled Baker Cell #27.

FIRST CAUSE OF ACTION

IX.

By verifying and dispensing temazepam 30 mg. capsules that were not prescribed for Patient H among her fluoxetine 20 mg. capsules, Mr. Williamson violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

X.

By failing to maintain a log or labeling the Baker Cell device drawers with the required information or have Policies and Procedures in place to address these requirements, Mr. Him violated NRS 639.210(4) and/or NAC 639.725 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

XI.

By destroying the card/label for Baker Cell #27 that would contain the identity of the pharmacist who was responsible for filling Baker Cell #27, Mr. Him violated NRS 639.210(4) and/or NAC 639.945(1)(m).

FOURTH CAUSE OF ACTION

XII.

In owning and operating the pharmacy in which Mr. Him and Mr. Williamson committed the above violations, Walgreens #07841 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and (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 25th day of May, 2012.



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

NOTICE TO RESPONDENT

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

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 #07841
Certificate of Registration No. PH01942**

Case No. 10-048-PH-S

Respondent.

_____ /

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

I.

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

II.

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

The Board has reserved Wednesday, July 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 25th day of May, 2012.


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**

**WALGREENS #07841
Certificate of Registration No. PH01942**

Case No. 10-048-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 _____, 2012.

type or print name

For Walgreens #07841

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**AMENDED NOTICE OF
INTENDED ACTION AND
ACCUSATION**

WESTERN HOME CARE

Certificate of Registration No: MP00196

Case Number 09-108-MDEG-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 Western Home Care is a medical device, equipment and gas provider licensed by the Board, located at 4035 East Post Road, Las Vegas, Nevada.

II.

On or about November 19, 2009 Board staff received a complaint from Rita and John Perrini questioning the cleaning and maintenance of an oxygen concentrator that John had been provided by Western Home Care. John's practitioner, Dr. George Tu ordered an oxygen concentrator for Mr. Perrini from Western Home Care to treat sleep apnea. It was determined by Board Staff in its investigation that Mr. Perini had received two oxygen concentrators from Western Home Care. On July 18, 2008, Invacare oxygen concentrator #05LF017030 was delivered to John Perrini at his residence by

Western Home Care employee, Al Lechter. This delivery was documented and signed for by Mr. Perrini. Prior to providing Invacare oxygen concentrator #05LF017030 on July 18, 2008 Western Home Care had to verify that the concentrator met the requirements of NAC 639.6954(2) by written or computerized records. To demonstrate that Western Home Care has met that requirement it must have a written or computerized system to track and locate the equipment it offers to its patients that documents the maintenance and cleaning of the equipment that includes documenting the function and safety of the equipment and the cleaning and disinfecting of the equipment.

III.

July 29, 2008, Torrey Tracy, an employee of Western Home Care, serviced the oxygen concentrator in the Perrini's home. On December 23, 2008 Ms. Perrini contacted Western Home Care and alleged that Mr. Perrini was ill and asked that someone service Mr. Perrini's oxygen concentrator. Mr. Lechter went to the Perrini's home on December 26, 2008 to service the oxygen concentrator. Mr. Lechter recalled to Board Staff that he discovered that the internal air filters were dirty and he replaced them. Mr. Lechter added that he also noticed that the oxygen concentrator had not been serviced since July, 2008, and he completed the service and left the Perrini's with additional supplies. The signed concentrator checklist indicated that the concentrator #05LF017030 was functioning at 95%, which as Mr. Lechter explained, was above the 92% purity level that would require Mr. Lechter to remove the concentrator from service. The service is noted by a delivery ticket and concentrator checklist signed and dated by Mrs. Perrini and Mr. Lechter on December 26, 2008.

IV.

On January 26, 2009, Ms. Perrini telephoned Western Home Care and requested a new oxygen concentrator for Mr. Perrini because she alleged that Mr. Perrini's condition had worsened and she feared the dirty filters found in the oxygen concentrator that they have in their home may have been the cause of her husband's illness. On January 29, 2009, Mr. Lechter picked up the Invacare oxygen concentrator #05LF017030 and replaced it with Invacare oxygen concentrator #IPX041880846. This is demonstrated by two documents that were signed and dated by John Perrini on January 29, 2009. Again, Western Home Care must demonstrate that Invacare oxygen concentrator #IPX041880846 meets the standards set forth in NAC 639.6954 prior to it being placed into service with Mr. Perrini.

V.

Board staff reviewed the Concentrator Maintenance/Tracking Record for oxygen concentrator #IPX041880846. Board staff compared the maintenance/tracking record with the Rental Item History Report for oxygen concentrator #IPX041880846. The records did not match from November 10, 2008 through January 13, 2009. The rental report showed that oxygen concentrator #IPX041880846 had been rented to two different patients between those dates and the maintenance/tracking report did not reflect proper service during this timeframe. On November 6, 2008 the hours of use on the maintenance/tracking record for oxygen concentrator #IPX041880846 was 5111. This oxygen concentrator was rented to Patient 1 on November 10, 2008 and returned to Western Home Care on November 25, 2008. Oxygen concentrator #IPX041880846 was then rented again to Patient 2 on December 4, 2008. The maintenance/tracking record did not indicate that the oxygen concentrator was returned on November 25,

2008 or serviced before it was rented again on December 4, 2008. Oxygen concentrator #IPX041880846 was returned from Patient 2 on January 13, 2009. The maintenance/tracking record indicated that on January 15, 2009 there were 5348 hours of use. Oxygen concentrator #IPX041880846 was delivered to Mr. Perrini on January 29, 2009 and the sticker on the oxygen concentrator indicated that there were 5111 hours of use on #IPX041880846 even though the Western Home Care maintenance/tracking records reflect 5348 hours of use on January 15, 2009.

VI.

Additional information was supplied by Western Home Care from the patient records of the second patient who was shown on the Rental Item History Report to have rented the concentrator #IPX041880846 from December 4, 2008 to January 13, 2009. Patient 2's patient record demonstrates that Patient 2 had rented oxygen concentrator #05I288134 on November 26, 2008 and the Rental Item History Report for oxygen concentrator #05I188134 indicates the item was returned on January 13, 2009. The Rental Item History Report for oxygen concentrator #IPX0418880846 was incorrect and the record incorrectly reflected the rental of that device to Patient 2. Ignoring the false recording of Patient 2 on the Rental Item History Report for oxygen concentrator #IPX041880846, reconciles the concentrator maintenance tracking record inconsistency and shows that oxygen concentrator # IPX041880846 was serviced on November 6, 2008 with 5111 hours of use with O2% at 94%, and placed into service with Patient 1 on November 10, 2008 and was picked up on November 25, 2008. The oxygen concentrator #IPX041880846 stayed at Western Home Care from November 25, 2008, was serviced on January 15, 2009 as is indicated on the Concentrator Maintenance Tracking Record for oxygen concentrator #IPX041880846, and was

placed into service with Mr. Perrini on January 29, 2009 with 5348 service hours.

Somebody incorrectly recorded the rental to Patient 2 on the Rental Item History Report causing doubt as to the accuracy of the concentrator maintenance tracking record.

Further clarification of Patient 2's patient record shows that Patient 2 rented oxygen concentrator #05I288134, not #IPX041880846.

VII.

Board staff was provided with a copy of Western Home Care's Concentrator Maintenance/Tracking Record for oxygen concentrator #05LF017030 that was provided to Ms. Perrini's attorney by Ms. Perrini. Board staff also requested a copy of Western Home Care's Concentrator Maintenance/Tracking Record for oxygen concentrator #05LF017030 from Mr. Hairr. On the attorney's copy, under the Filter Replaced section for 7/9/08, there is a "dash" in the space which would indicate that the filter had not been replaced. On Board staff's copy of the same entry there is a "y" in the space which would indicate that the filter had been replaced. In response to the original notice of intended action and accusation a third version of the Western Home Care's Concentrator Maintenance/Tracking Record for oxygen concentrator #05LF017030 was provided to Board Staff which is still different than the two previous records produced and indicates a "dash" in the space which would indicate that the filter had not been replaced but has an additional entry of 11-16-10.

VIII.

Board staff was provided with two copies of identical clinical notes by Western Home Care that reflected the service provided for oxygen concentrator #05LF017030 in the Perrini's home. One is clearly dated "12-26-09", however on the second copy, the date appears to have been altered from "08" to "09".

FIRST CAUSE OF ACTION

IX.

By failing to keep accurate maintenance records, Western Home Care violated NRS 639.210(4) and/or NAC 639.6941(1)(a) and/or 639.6954(3)(a)(2).

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

Signed this 25th day of May, 2012.


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

NOTICE TO RESPONDENT

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

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**

WESTERN HOME CARE

Certificate of Registration No: MP00196

Case Number 09-108-MDEG-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. 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 18, 2012 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 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 25 day of May, 2012.


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

WESTERN HOME CARE
Certificate of Registration No: MP00196

Case Number 09-108-MDEG-S

Respondent.

_____/

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

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

None

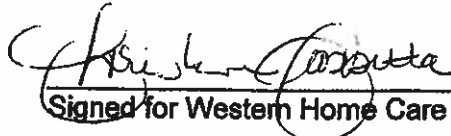
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Admits allegations in the Amended Notice of Intended Action and Accusation.

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 31st day of May, 2012.

CHRISTINE CASSETTA
Type or print name for Western Home Care


Signed for Western Home Care

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**MARISA ROWE, PT
Certificate of Registration No. PT12221,**

Case No. 12-023-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 Rowe is a registered pharmaceutical technician with the Board.

II.

On or about April 2, 2012, Board staff was notified that Ms. Rowe had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #4495. An internal investigation into the loss of controlled substances was conducted at CVS/pharmacy #4495. Ms. Rowe was interviewed by CVS/pharmacy's loss prevention personnel and she confessed to having diverted controlled substances from the pharmacy. In a written statement Ms. Rowe indicated that she had been taking the drugs for an acquaintance she met in a bar because he indicated he had several children he was supporting and he was practically homeless and needed money. He was selling the drugs and he would occasionally give her money for gas or anything else she may need. Ms. Rowe admitted that she took approximately 12 to 15 bottles of promethazine with codeine, approximately 12 stock bottles of 500 hydrocodone/APAP

10/500 tablets, approximately 7 to 8 stock bottles of 100 hydrocodone/APAP 10/500 tablets, approximately 8 to 9 stock bottles of 500 hydrocodone 10/325 tablets, approximately 20 to 25 stock bottles of 100 alprazolam 2 mg. tablets, one stock bottle of 100 zolpidem 10 mg. and one stock bottle of 100 phentermine 37.5 mg. for her personal use to lose weight.

FIRST CAUSE OF ACTION

III.

In removing controlled substances from her employing pharmacy as outlined in averment II without prescriptions therefore, Ms. Rowe violated (NRS) 453.331(1)(d), and/or 453.336(1) and/or 639.210(1) and/or (4) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

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 11th day of April, 2012.



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

NOTICE TO RESPONDENT

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

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**

**MARISA ROWE, PT
Certificate of Registration No. PT12221,**

Case No. 12-023-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 18, 2012 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 11th day of April, 2012.


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**

**MARISA ROWE, PT
Certificate of Registration No. PT12221,**

Case No. 12-023-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 _____, 2012.

Marisa Rowe, PT

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**BREANA CLARK, PT
Certificate of Registration No. PT10241,**

Case No. 12-022-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 Clark is a registered pharmaceutical technician with the Board.

II.

On or about April 2, 2012, Board staff was notified that Ms. Clark had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #8778. An internal investigation into the loss of controlled substances was conducted at CVS/pharmacy #8778. Ms. Clark was interviewed by CVS/pharmacy's loss prevention personnel and she confessed to having diverted controlled substances from the pharmacy. In a written statement Ms. Clark indicated that she had been taking the drugs for her boyfriend because he asked her to. He was selling the drugs and the money was helping pay their bills. Ms. Clark indicated that the more drugs she brought home the more he loved her. Ms. Clark admitted that she took approximately 30 to 40 bottles of promethazine with codeine and five stock bottles of 500 hydrocodone/APAP 10/500 tablets.

FIRST CAUSE OF ACTION

III.

In removing controlled substances from her employing pharmacy, namely hydrocodone/APAP 10/500 tablets and promethazine with codeine without prescriptions therefore, Ms. Clark violated (NRS) 453.331(1)(d), and/or 453.336(1) and/or 639.210(1) and/or (4) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

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 11th day of April, 2012.


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

NOTICE TO RESPONDENT

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

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**

**BREANA CLARK, PT
Certificate of Registration No. PT10241,**

Case No. 12-022-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 18, 2012 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 11th day of April, 2012.



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**

**BREANA CLARK, PT
Certificate of Registration No. PT10241,**

Case No. 12-022-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 _____, 2012.

Breana Clark, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**JOHN J. DUDEK JR, M.D.,
Certificate of Registration No: CS01611**

Case No. 12-008-CS-S

Respondent.

_____/s/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241, and NRS 453.236.

I.

The Nevada State Board of Pharmacy (hereinafter the Board) has jurisdiction over this matter because Respondent John J. Dudek, Jr. (hereinafter Respondent) has a controlled substance registration issued by the Board for the location of 2020 Goldring Avenue #506, Las Vegas, Nevada

II.

On March 8, 2012, representatives of the Board went to Respondent's office on Goldring Avenue to inquire whether he had been dispensing Latisse, a dangerous drug, without a dispensing practitioner registration. When Board Staff first arrived at Respondent's office, he was not present but Board Staff spoke with Reva Frey, a registered nurse who rents space in Respondent's office and has worked with Respondent Dudek for at least 15 years. Ms. Frey told Board Staff that Fran Rever, the office manager for Respondent, orders Latisse and other dangerous drugs using Dr. Dudek's DEA number. These drugs are paid for by Ms. Frey for her to dispense or

administer to her patients. Ms. Frey told Board Staff that she purchased Latisse for \$80.00 a unit and dispensed the drug to her patients for approximately \$110.00. Board Staff was provided with invoices for 54 units of Latisse that were sold by Ms. Frey to her patients. Ms. Frey told Board Staff that she pays approximately 10% of her gross sales to Respondent and 5% of her gross sales to the office staff for their services. Ms. Frey also advised Board Staff that Respondent does not see her patients but that Respondent acts as her medical director. Board records indicate that Ms. Frey is not licensed to be a dispensing practitioner.

III.

On March 8, 2012, Respondent spoke to Board representatives and confirmed that he is a urologist who owns his own practice and does not have any ownership interest in any other practice. Respondent confirmed to Board staff that Ms. Frey owns her practice and works 40 hours a week independent from his urology practice. Respondent Dudek confirmed that he is the medical director for Ms. Frey but does not see, examine, or prescribe drugs for her patients. Respondent did confirm that Ms. Rever orders medications for Ms. Frey using his name, but uses Ms. Frey's credit card to pay for the ordered drugs. Respondent estimated Ms. Frey's gross sales to be approximately \$23,000.00 annually. Respondent hoped that what Ms. Frey was doing was legal and stated that he was not aware of any Latisse sales made by Ms. Frey and did not review any invoices for drugs being ordered by Ms. Frey under his name. Board records indicate that Respondent Dudek is not licensed as a dispensing practitioner.

FIRST CAUSE OF ACTION

IV.

In allowing a person not authorized to possess and/or administer and/or dispense dangerous drugs, namely Latisse, without lawful authority, Respondent violated Nevada

Revised Statutes (NRS) 453.236(1)(d); 453.231(1)(h), 454.213 and/or 454.215 and/or 639.210(4), and/or (12) and/or 639.23505 and Nevada Administrative Code (NAC) 639.945(1) (g) and/or (h).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action and/or refuse to renew with respect to the controlled substance registration of the Respondent.

Signed this 11th day of April, 2012.



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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within (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

JOHN J. DUDEK JR, M.D.,
Certificate of Registration No: CS01611

Case No. 12-008-CS-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 18, 2012 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 11th day of April, 2012.



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**

**JOHN J. DUDEK JR, M.D.,
Certificate of Registration No: CS01611**

Case No. 12-008-CS-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 _____, 2012.

John J. Dudek, Jr., M.D.,

John J. Dudek , MD
2020 Goldring Avenue, Suite 506
Las Vegas, Nevada 89106
Phone: 702-382-7055 Fax: 702-382-9935

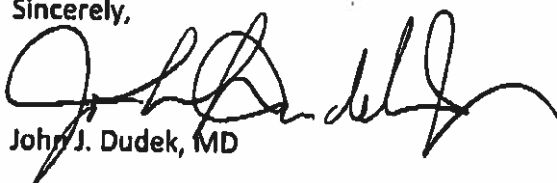
May 10, 2012

Nevada State Board of Pharmacy

Re: BME Legal Case No. 12-008-CS-S

I want to contest the allegations and meet with the board.

Sincerely,

A handwritten signature in black ink, appearing to read 'John J. Dudek', with a stylized flourish at the end.

John J. Dudek, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.	Petitioner,	<u>NOTICE OF INTENDED ACTION AND ACCUSATION</u>
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ANGELA LORENZO, P.A., Dispensing Registration No: #PD12166	Case No. 11-091-PD-S
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ANGELA LORENZO, P.A., Controlled Substance Registration No: CS12166	Case No. 11-091-CS-S
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KENTON CROWLEY, R.Ph., Certificate of Registration No: #15858	Case No. 11-091-RPH-S
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PATHWAY SPECIALITY COMPOUNDS, Certificate of Registration No: PH02590,	Case No. 11-091-PH-S
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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 Kenton Crowley is a pharmacist licensed by the Board and Respondent Pathway Specialty Compounds (Pathway), is a pharmacy licensed by the Board, located at 2560 E. Sunset Rd., #120, in Las Vegas, Nevada. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Angela Lorenzo, P.A., has both a controlled substance registration and a dispensing practitioner registration with the Board.

II.

On October 6, 2011, the Nevada State Board of Pharmacy (the Board) was contacted by Donald A. Andreas of the Nevada State Board of Medical Examiners (BME) that Ms. Lorenzo, owner of Modern Medical and Wellness, sold Allergan products for profit to Mary Sue Tingey, R.N. After a brief interview of Respondent Lorenzo by Board Staff an investigation was opened.

III.

Mr. Andreas informed Board Staff that Ms. Lorenzo had sold Botox and Juvederm to Mary Sue Tingey, R.N. As a nurse, Ms. Tingey did not and could not have a license to independently possess dangerous drugs, but Board Staff's investigation found that Ms. Tingey was going to administer the drugs to patients at her practice, Valhalla Med Spa. Ms. Lorenzo does not have a license issued by the Board to act as a wholesaler in Nevada, so Ms. Lorenzo had no lawful authority to sell any prescription drugs to Ms. Tingey. Board Staff learned that Ms. Lorenzo purchased the Botox and other Allergan products from Pathway and Mr. Crowley. Board Staff requested Mr. Brown, managing pharmacist at Pathway, to provide information regarding the origin of the Allergan products Pathway sold to Ms. Lorenzo. Mr. Brown produced invoices that showed that Pathway had purchased the Allergan products from AviaMed, which Mr. Brown believed to be licensed with the Board as an out-of-state wholesaler and an authorized Allergan distributor. Mr. Brown provided Board Staff with four invoices from AviaMed, located at 1077 Silas Dean Hwy, #166, Wethersfield, CT 06109, that were billed and shipped to Pathway reflecting sales of Botox and Juvederm. Mr. Brown also provided two invoices from Pathway evidencing sales and shipping of Botox and

Juvederm to Modern Medical and Wellness, Ms. Lorenzo's business. Board Staff contacted AviaMed for pedigree information for the products that were sold and shipped to Pathway, but AviaMed refused to provide the information. At no time has AviaMed been licensed with the Nevada State Board of Pharmacy as a wholesaler and AviaMed has never been an authorized Allergan distributor. At a later dated Mr. Brown informed Board Staff that AviaMed was not a licensed wholesaler.

IV.

In the course of the investigation, Mr. Andreas related information that he had learned from Lisa Clarke, a medical assistant at Modern Medical and Wellness, who was very concerned that someone was going to get hurt due to what she considered as questionable practices of Respondent Lorenzo. Ms. Clarke was concerned because some of the Allergan products that had been purchased by Ms. Lorenzo from Pathway had been used on patients at Modern Medical and Wellness. Ms. Clarke explained that Ms. Tingey commented that the Allergan products she had purchased from Ms. Lorenzo were not the same thing that she normally purchased. Ms. Clarke stated that the products Respondent Lorenzo had purchased from Pathway were less expensive than the products that had been purchased from Allergan.

V.

Board Staff interviewed Ms. Lorenzo at her practice, Modern Medical and Wellness, located 7190 Smoke Ranch Road, Suite 110 in Las Vegas, Nevada. Ms. Lorenzo stated that she had purchased approximately \$17,000.00 worth of Allergan products, but after she made the purchase, she learned from Mr. Crowley that he could purchase Allergan products for \$100.00 to \$170.00 less per item. After Mr.

Crowley's representation, Ms. Lorenzo attempted to return the products she obtained from Allergan and obtain a credit, but she was not successful in doing so. Mr. Crowley suggested to Ms. Lorenzo that he would send the \$17,000.00 worth of product back to Allergan using Pathway's account so that Ms. Lorenzo could then purchase Allergan products from Pathway.

VI.

At least one of the boxes of Juvederm in Ms. Lorenzo's possession at Modern Medical and Wellness that had been purchased from Pathway indicated that it was from France. Because Board Staff could not confirm the origin of the products in Respondent Lorenzo's possession, Board Staff directed her to quarantine the products pending further investigation. Ms. Lorenzo admitted to Board Staff that she sold Botox, Radiesse and Juvederm products to Ms. Tingey on October 6, 2011 as evidenced on an invoice she produced to Board Staff. Ms. Lorenzo admitted that Ms. Tingey paid by a personal check in the amount of \$964.00 and that she had also traded Allergan drugs with Ms. Tingey in the past. When questioned about her dispensing practice, Ms. Lorenzo admitted that every patient she sees gets a bottle of B-12 and that she dispenses compounded human chorionic gonadotropin (HCG), a schedule CIII controlled substance, to her patients. When questioned what drugs she purchased from Pathway, Ms. Lorenzo said she purchased compounded Testosterone, HCG and a product identified as "Myers Cocktail."

VII.

Board Staff took statements from three of Ms. Lorenzo's employees. The employees expressed concern for the patients Ms. Lorenzo treated, citing examples of

dispensing irregularities such as medical assistants being allowed free access to Ms. Lorenzo's prescription drugs and controlled substances even when Ms. Lorenzo was not present (dispensing practitioners must have all drugs locked up when they are not present and they are required to retain the key), compounded medications were being dispensed to patients that were both patient specific and in preloaded syringes, and controlled substances and dangerous drugs were being dispensed to patients when Ms. Lorenzo was not present. Furthermore, the employees explained that three times Ms. Lorenzo mailed Phentermine, a schedule IV controlled substance, to a patient who lived in California with just a telephone consult and no physical examination or physical presence necessary to obtain the drug nor was the dispensing of the drug reported to the Task Force. The employees also informed Board Staff that HCG in syringes was dispensed to a woman Ms. Lorenzo had met on an airplane without physical examination, and the dispensing of HCG was not reported to the Task Force.

Finally, it was learned from a patient that Ms. Lorenzo dispensed HCG to her when she simply came by the office and picked up the drug, with no examination or visit from Ms. Lorenzo; instead the patient simply picked up the HCG and needles at the front desk and paid by credit card.

FIRST CAUSE OF ACTION

VIII.

By dispensing controlled substances to patients without reporting the same to the Task Force, Ms. Lorenzo violated Nevada Revised Statutes (NRS) 453.1545(1) and/or 639.210(4) and/or (12) and/or Nevada Administrative Code (NAC) 639.745(1)(f) and/or NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

IX.

In dispensing a compounded medication that was for administration only, namely HCG, Ms. Lorenzo violated NRS 639.210(4) and/or (12) and/or Section 66 of an as yet uncodified regulation known as LCB File No. R035-06 that became effective September 23, 2008 (hereinafter R035-06) and/or NAC 639.945(1)(g) and (i).

THIRD CAUSE OF ACTION

X.

In allowing medical personnel access to controlled substances and dangerous drugs while Respondent Lorenzo was absent from her practice so they could administer and dispense the same to patients, Respondent Lorenzo violated NRS 639.210(4) and/or (12) and/or NAC 639.742(3)(c) and/or 639.945(1) and/or (i).

FOURTH CAUSE OF ACTION

XI.

In acting as an unlicensed wholesaler by selling dangerous drugs to Ms. Tingey, Respondent Lorenzo violated NRS 639.016 and/or 639.100 and/or 639.210(4) and/or (12) and/or 639.233 and/or NAC 639.945(1) and/or (i) and/or (k).

FIFTH CAUSE OF ACTION

XII.

In failing to dispense drugs personally to patients or by mailing drugs to a patient in California, Respondent Lorenzo violated NRS 639.210(4) and/or (12) and/or NAC 639.742(3)(f) and/or NAC 639.945(1)(i).

SIXTH CAUSE OF ACTION

XIII.

In dispensing drugs to patients without a physical examination and diagnosis, Respondent Lorenzo violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(n) and Section 2 of an as yet uncoded regulation known as LCB No. R212-09 effective August 13, 2010 (hereinafter R212-09) which amended NAC 639.945(3)(a).

SEVENTH CAUSE OF ACTION

XIV.

In purchasing dangerous drugs, namely Botox and Juvederm, from an unlicensed wholesaler, Mr. Crowley and Pathway violated NRS 639.210(4), (11) and/or (12) and/or 585.520(1) and (2) and/or NAC 639.945(1)(a) and/or (h) and/or (i).

EIGHTH CAUSE OF ACTION

XV.

In selling Juvederm to Respondent Lorenzo that was obviously not intended for sale in the United States because the word "France" was on the back of the package, Mr. Crowley and Pathway violated NRS 639.210(4)(11) and/or (12) and/or 585.520(1) and/or NAC 639.945(1)(h) and/or (i).

NINTH CAUSE OF ACTION

XVI.

In filling and selling patient specific compounded HCG to Ms. Lorenzo under invoice for her to dispense to her patients, Mr. Crowley and Pathway violated NRS 639.210(4) and/or (12) and/or Section 66(4)(a) of R035-06 and/or NAC 639.945(1)(i).


TENTH CAUSE OF ACTION

XVII.

In owning and operating the pharmacy in which all of the above factual allegations and legal violations in the Seventh, Eighth, and Ninth Causes of Action occurred, Pathway violated NRS 639.210(4) and NAC 639.945(1)(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 15th day of December, 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.

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

**ANGELA LORENZO, P.A.,
Dispensing Registration No: #PD12166**

Case No. 11-091-PD-S

Respondent.

_____/

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

I.

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

II


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

The Board has reserved Wednesday, January 18, 2012 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 15th day of December, 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

ANGELA LORENZO, P.A.,
Dispensing Registration No: #PD12166
Respondent.

Case No. 11-091-PD-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.

Angela Lorenzo, PA

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

ANGELA LORENZO, P.A.,

Controlled Substance Registration No: CS12166 Case No. 11-091-CS-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.

Angela Lorenzo, PA

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**CHETANKUMAR PATEL, R.Ph.
Certificate of Registration No. 16319**

Case No. 10-090-RPH-S

**WALGREENS #04197
Certificate of Registration No: PH01142**

Case No. 10-090-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 Chetankumar Patel is a pharmacist licensed by the Board and Respondent Walgreens #04197 is a pharmacy licensed by the Board, located at 2125 West Cheyenne Avenue, Las Vegas, Nevada.

II.

On or about December 27, 2010 Board staff received a complaint from Terry Hirni regarding four refills he requested from Walgreens #04197. Mr. Hirni was refilling his prescriptions for Simvastatin 20 mg. tablets, metropolol tartrate 25 mg. tablets,

amiodarone 200 mg. tablets and aspirin 325 mg. EC tablets. Since these refills needed approval from Mr. Hirni's physician, he was given a three day supply by the pharmacy and called his physician's office and asked that his refills be approved. Mr. Hirni returned to the pharmacy a few days later to pick up his prescriptions. He was given Simvastatin 20 mg. tablets, metoprolol tartrate 50 mg. tablets and amiodarone 200 mg. tablets. Mr. Hirni was advised that his physician had changed the dosage of his metoprolol tartrate from 25 mg. tablets to 50 mg. tablets. When he asked about the aspirin 325 mg. EC tablets he was told he could purchase that over the counter.

III.

That evening Mr. Hirni took one of the 50 mg. tablets of metoprolol tartrate. Since Mr. Hirni did not discuss the change in medication with his physician, he telephoned the physician's office and spoke with Maria who called in Mr. Hirni's refills to Walgreens #04197. Maria assured him that his metoprolol tartrate had not been changed and that the doctor still wanted Mr. Hirni to take the prescribed aspirin 325 mg. EC tablets.

IV.

Mr. Hirni returned to Walgreens #04197 and spoke with Mr. Patel. Mr. Hirni indicated that Maria from his physician's office called to correct the metoprolol tartrate prescription. Mr. Patel checked the computer system and realized that a mistake had been made and refilled Mr. Hirni's prescription with the correct metoprolol tartrate 25 mg. tablets. The following day, Mr. Hirni received a telephone call from Maria and she told Mr. Hirni there was no record of him being dispensed 50 mg. metoprolol tartrate

tablets at Walgreens #04197. Again, Mr. Hirni returned to Walgreens #04197, however Mr. Patel was not in the pharmacy that day. Mr. Hirni spoke with a woman pharmacist who confirmed that Maria was correct and there was no record in the Walgreens #04197 computer records to indicate that 50 mg. metoprolol tartrate tablets were ever filled or dispensed to Mr. Hirni. Mr. Hirni asked if the error had been reported however considering there was no record of the misfilled prescription, Mr. Hirni believed Mr. Patel was trying to cover up his error.

V.

During the investigation of this matter, it was learned that when Mr. Patel had corrected the error, he completely deleted prescription number 1655905 for 50 mg. metoprolol tartrate and the only record in Walgreens #04197 computer system for Mr. Hirni was for prescription number 1656846 which was the corrected prescription. Board staff contacted Holly Prieto, the district pharmacy supervisor for Walgreens #04197, and requested information regarding prescription number 1655905. Ms. Prieto provided Board staff with information from Walgreens IT department that detailed that the deletion occurred at 2:42 PM pacific time, however there were three pharmacists on duty at that time and they could not identify who deleted the prescription. No STARS report was completed by anyone for this error as required by Walgreens. It was determined from his written statement that Mr. Patel was the filling pharmacist that made the error and since he was the pharmacist that corrected the error he assumes he was the pharmacist that inadvertently deleted the erred prescription. It was also learned that a STARS report cannot be made if a prescription had been deleted.

Considering that Mr. Patel was the managing pharmacist for Walgreens #04197 and a Walgreens trainer for new pharmacists to Walgreens, interns and pharmaceutical technicians, Board staff found this troubling.

VI.

After review of the Walgreens prescription taken from the voice mail left by Maria for refilling Mr. Hirni's four prescriptions, the pharmacist transcribed the aspirin 325 mg. EC tablets as Afrin and noted that it was OTC. Eventually, Mr. Hirni's aspirin prescription was filled for him.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing Mr. Hirni's prescription for metoprolol tartrate 25 mg. tablets with metoprolol tartrate 50 mg. tablets, Mr. Patel violated Nevada Revised Statute (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945 (1)(i).

SECOND CAUSE OF ACTION

VIII.

By failing to maintain a record of the misfilled metoprolol tartrate 50 mg. prescription in the pharmacy computer records by deleting the prescription from the pharmacy computer, Mr. Patel violated NRS 639.210(4) and/or NAC 639.930(3)(d) and/or 639.935 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

IX.

By failing to maintain a record of the misfilled metoprolol tartrate 50 mg.

prescription in the pharmacy computer records and being unable to positively identify the person who deleted the metoprolol tartrate 50 mg. prescription from the pharmacy computer, Walgreens #04197 violated NRS 639.210(4) and/or NAC 639.930(3)(d) and/or 639.935 and/or 639.945(1)(i) and 2.

FOURTH CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which these errors took place, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945 (1)(i) and (2).

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

Signed this 11th day of April, 2012.


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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 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**

**CHETANKUMAR PATEL, R.Ph
Certificate of Registration No. 16319**

Case No. 10-090-RPH-S

Respondent.

_____ /

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

I.

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

II

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


Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, July 18, 2012 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 11th day of April, 2012.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CHETANKUMAR PATEL, R.Ph.
Certificate of Registration No. 16319**

**ANSWER AND
NOTICE OF DEFENSE**

Case No. 10-090-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 _____, 2012.

Chetankumar Patel, R.Ph.

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

WALGREENS #04197

Certificate of Registration No: PH01142

Case No. 10-090-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 _____, 2012.

Print or type name

for Walgreens #04197

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**ANTENEH WOLDETSADIK, R.PH
Certificate of Registration No. 17801**

Case No. 11-042-RPH-S

**CVS #8780
Certificate of Registration No. PH01619
Respondents.**

Case No. 11-042-PH-S

_____/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Anteneh Woldetsadik, RPh, (Certificate Number 17801) is a registered pharmacist with the Board and Respondent CVS #8780 is a pharmacy licensed by the Board, located at 10400 West Charleston Boulevard, Las Vegas, Nevada.

II.

On or about April 13, 2011 Board staff received a complaint from Dr. Brian Le on behalf of his patient T.K. Dr. Le alleged that he prescribed #20 Xanax 1 mg. tablets with directions to take 0.5 tablet by mouth twice a day as needed for anxiety. Patient K had taken Xanax before this prescription was written by Dr. Le, however the physician Patient K had been seeing for her treatment had his license suspended by the DEA. Dr. Le was a new physician and he reduced the dosage for Patient K from one tablet twice a day to 0.5 tablet twice a day.

III.

During the investigation of this matter it was learned that a pharmaceutical technician generated the fill for Patient K from the old prescription that still had a refill rather than from Dr. Le's new prescription and she did not notice the change in dosing directions. The pharmaceutical technician did not scan the new prescription into the pharmacy computer system. When Mr. Woldetsadik verified the prescription he did not have the original prescription written by Dr. Le to view, and he verified from the patient profile, confident that Patient K was receiving the correct medication, just a lesser quantity.

FIRST CAUSE OF ACTION

IV.

By verifying and dispensing a prescription for Xanax 1 mg. tablets with incorrect dosing instructions for Patient K, Mr. Woldetsadik violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

IX.

By failing to research why the original new prescription was not scanned into the CVS computer system so he could verify that the pharmaceutical technician's work was accurate, Mr. Woldetsadik violated NRS 639.210(4) and/or NAC 639.702 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

X.

In owning and operating the pharmacy in which Mr. Woldetsadik committed the above violations, CVS #8780 violated NRS 639.210(4) and/or NAC 639.702 and/or NAC 639.945(1)(i) and (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 11th day of April, 2012.


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

NOTICE TO RESPONDENT

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

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**

**ANTENEH WOLDETSADIK, R.PH
Certificate of Registration No. 17801**

Case No. 11-042-RPH-S

Respondent.

_____/

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

I.

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

II

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

The Board has reserved Wednesday, July 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 4th day of April, 2012.



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

ANTENEH WOLDETSADIK, R.PH
Certificate of Registration No. 17801

Case No. 11-042-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 26th day of April, 2012.



Anteneh Woldetsadik, R.Ph

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANTENEH WOLDETSADIK, R.PH.
Certificate of Registration No. 17801**

**CVS PHARMACY #8780
Certificate of Registration No. PH01619**

**ANSWER AND
NOTICE OF DEFENSE**

Case No. 11-042-RPH-S

Case. No. 11-042-PH-S

Respondents.

_____ /

COMES NOW Respondent CVS Pharmacy #8780 ("CVS"), by and through counsel, Michael W. Dyer, of Dyer, Lawrence, Penrose, Flaherty, Donaldson & Prunty,¹ and hereby responds to the Notice of Intended Action and Accusation, filed on April 11, 2012, ("Accusation") by Petitioner, the Nevada State Board of Pharmacy ("Board"). This Response will serve as CVS's Answer and Notice of Defense pursuant to NRS 639.244. CVS hereby declares:

1. That a hearing on the Accusation is requested.
2. That CVS objects to the Accusation as failing to state clearly the charges and/or failing to state a claim, which is hereby interposed based upon the specific grounds and reasons addressed in the answers to the individual Paragraphs of the Accusation.
3. That, in answer to the Accusation, CVS admits, denies, and alleges as follows:

I.

CVS admits the allegations in Paragraph I of the Accusation.

¹ Respondent Anteneh Woldetsadik is not represented by CVS or its counsel.

II.

Answering Paragraph II of the Accusation, CVS admits that Dr. Brian Le prescribed 20 Xanax 1 mg tablets to Patient K with directions to take 0.5 tablets by mouth twice a day as needed. CVS admits that Patient K had taken Xanax prior to this prescription being written by Dr. Le. CVS admits that Dr. Le reduced the dosage for Patient K from one tablet twice a day (Patient K's previous prescription) to 0.5 tablet twice a day (Dr. Le's prescription for Patient K). CVS is without sufficient information or belief to form an answer with regard to the remaining allegations in Paragraph II and therefore denies the same, and demands strict proof thereof.

III.

Answering Paragraph III of the Accusation, CVS admits that the prescription was received by and filled at CVS #8780; that the prescription was picked up from CVS #8780; and that Patient K was given 20 tablets 1 mg Alprazolam tablets (generic for Xanax) with instructions that read "Take 1 Tablet by Mouth Twice a Day as Needed for Anxiety." CVS admits that Mr. Woldetsadik verified the prescription. CVS is currently without sufficient information or belief to form an answer with regard to the remaining allegations in Paragraph III and therefore denies the same. CVS is currently investigating the allegations in Paragraph III of the Accusation, and will amend the Answer to Paragraph III when CVS has sufficient information to admit or deny the allegations.

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FIRST CAUSE OF ACTION

IV.

The First Cause of Action does not make any assertion concerning CVS; therefore, CVS does not make any response to the First Cause of Action. To the extent that CVS is required to admit or deny the allegations in the First Cause of Action, CVS denies the allegations.

SECOND CAUSE OF ACTION

IX.

The Second Cause of Action does not make any assertion concerning CVS; therefore, CVS does not make any response to the Second Cause of Action. To the extent that CVS is required to admit or deny the allegations in the Second Cause of Action, CVS denies the allegations.

THIRD CAUSE OF ACTION

X.

CVS denies the allegations in Paragraph X of the Accusation that it "violated NRS 639.210(4) and/or NRS 639.702 and/or NAC 639.945(1)(i) and (2)" by "owning and operating the pharmacy in which" a violation of NRS or NAC Chapter 639 is alleged to have occurred.

The Accusation fails to state any allegation that CVS itself performed any act incompetently, directed, approved or condoned the actions alleged to have been taken by Mr. Woldetsadik, or failed to take any action required of CVS. Therefore, the allegation that CVS violated NRS 639.210(4) and NAC 639.945(1)(i) constitutes a violation of due process and NRS 639.241(2) (the Board's duty to "set forth in ordinary

and concise language the acts or omissions with which the respondent is charged”) and fails to state a claim. CVS further denies that NAC 639.945(2) enables the Board to impose strict liability upon CVS by taking disciplinary action against the CVS pharmacy license based solely on the fact that CVS owned and operated the pharmacy in which a violation of NRS or NAC Chapter 639 is alleged to have occurred. Accordingly, CVS has not violated NRS 639.210(4) and NAC 639.945(1)(i) and (2), and CVS denies the allegations that it has done so and demands strict proof of the evidence on which such allegations are based.

CVS further denies that it can violate NAC 639.702 simply by “owning and operating the pharmacy in which Mr. Woldetsadik is alleged to have committed the above violations.” NAC 639.702 provides that the owner of a pharmacy (*i.e.*, CVS) may be “responsible” for the errors of its non-pharmacist personnel if it “knew or reasonably should have known of the act or omission.” NAC 639.702 does not provide that CVS is “responsible” for the acts or omissions of a pharmacist. The Accusation fails to state any allegation that CVS itself knew, or reasonably should have known, about any act or omission of its non-pharmacist personnel. Therefore, as above, the allegation violates due process and NRS 639.241(2) and fails to state a claim. CVS further denies that at the time that the prescription was dispensed it knew, or reasonably should have known, about any of the alleged acts or omissions of its non-pharmacist personnel.

XIII.

CVS is currently investigating the allegations in Paragraph X of the Accusation, and will amend the Answer to Paragraph X if CVS obtains information requiring CVS to change its response to Paragraph X.

WHEREFORE CVS requests a hearing before the Nevada State Board of Pharmacy regarding the Notice of Intended Action and Accusation filed by Petitioner.

Dated this 17th day of May 2012.

DYER, LAWRENCE, PENROSE,
FLAHERTY, DONALDSON & PRUNTY

By 

Michael W. Dyer
Todd E. Reese
Attorneys for Respondent
CVS Pharmacy #8780

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Concierge Compounding Pharmaceuticals, INC.
Physical Address: 1887 Whitney Mesa Dr Henderson NV 89014
Mailing Address: (Same)
City: Henderson State: NV Zip Code: 89014
Telephone: 702-712-1461 Fax: 888-300-8411
Toll Free Number: _____
E-mail: Hootanrx@gmail.com Website: N/A
Managing Pharmacist: Hootan Melamed License Number: 16297

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 type="checkbox"/> Long Term Care

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps


Print Name of Authorized Person

6-20-2012
Date

Board Use Only

Received:

6/28/12

Amount:

500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Corporation Name: Concierge Compounding Pharmaceuticals INC

Mailing Address: 1887 Whitney Mesa

City: Henderson State: NV Zip: 89014

Telephone: 702-712-1461 Fax: 888-300-8411

Contact Person: Hootan Melamed.

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Hootan Melamed 269 S. Beverly Dr. BH CA 90212
Name Address

b) Farshad SASSOUNIAN 269 S. Beverly Dr. BH CA 90212
Name Address

c) Allan Lummer 5330 Yarmouth Ave #111 Encino CA 91436
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 10,000 -

3) What was the price paid per share? \$1 Per share.

4) What date did the corporation actually receive the cash assets? June 2012

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

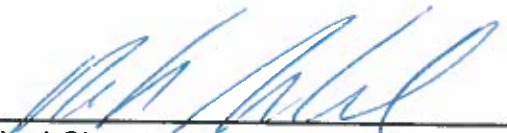
STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Hootan Melamed
Responsible Person of Concierge Compounding Pharmaceuticals ^{IN}
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

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

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


Original Signature, no stamps or copies

0-20-2012
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Hootan Melamed

License #: 16297

Pharmacy Name: Concierge Compounding Pharmaceuticals, INC.

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: <u>CA</u>	Date: <u>2001</u> Case #: <u>CR-00-07-</u>
	County: <u>Los Angeles</u>	Court: <u>GAF</u>

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Nuro Pharma Inc

Physical Address: 6380 Polaris Unit B

Mailing Address: 6380 Polaris Unit B

City: Las Vegas State: NV Zip Code: 89118

Telephone: (702) 269-1941 Fax: (702) 269-1941

Toll Free Number: _____

E-mail: jfares@nuropharma.com Website: nuropharma.com

Managing Pharmacist: Patrick Black License Number: 15081

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday N/A am N/A pm
Sunday N/A am N/A pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

60431

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

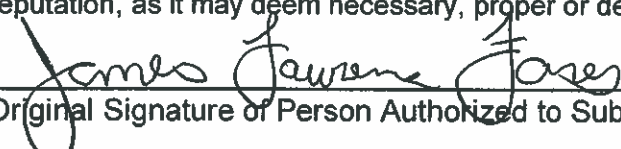
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

James Lawrence Fares
Print Name of Authorized Person

6-21-2012
Date

Board Use Only

Received:

JUL 02 2012

Amount:

500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delware
Parent Company if any: _____
Corporation Name: Nuro Pharma Inc
Mailing Address: 6380 Polaris Ave Unit B
City: Las Vegas State: NV Zip: 89118
Telephone: (702) 269-1941 Fax: (702) 269-1941
Contact Person: James Lawrence Fares

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- | | | |
|---------------------------------|--|--------------------------------|
| a) <u>James Lawrence Fares</u> | <u>3750 Las Vegas Blvd South #3008</u> | <u>Las Vegas, NV 89158</u> |
| Name | Address | |
| b) <u>Albert Louis Hansen</u> | <u>1729 Port Sheffield PL</u> | <u>Newport Beach, CA 92660</u> |
| Name | Address | |
| c) <u>Edward Francis Kessig</u> | <u>7 Scenic Way</u> | <u>Middletown, NJ 07748</u> |
| Name | Address | |
| d) <u>Joseph Michael Hendel</u> | <u>242 Holly Drive</u> | <u>Chalfont, PA 18914</u> |
| Name | Address | |

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. The corporation issued 500,000 shares of common stock on June 11, 2012. The corporation expects to issue 54,866 shares of Series A Preferred Stock on June 29, 2012.
- 3) What was the price paid per share? \$.001 per share was paid for the common stock. \$6.00 per share will be paid for the Series A Preferred Stock on June 29, 2012.
- 4) What date did the corporation actually receive the cash assets? June 11, 2012 is when the \$500 was received for the common stock. June 29, 2012 is when the \$329,196 will be received for the Series A Preferred Stock.
- 5) Provide a copy of the corporation's stock register evidencing the above information
See letter from attorney and stock ledger attached.

List any physician shareholders and percentage of ownership.

Name: Mehdi Ansarinia %: Less than 1% (.38%)
Name: _____ %: _____

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Patrick Black

License #: 15081

Pharmacy Name: Nuro Pharma

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state? <input type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Well Being Specialty Rx

Physical Address: Pending 6420 S Pecos Rd #M

Mailing Address: 2510 E Sunset Rd, Unit 5, Ste 415

City: Las Vegas State: NV Zip Code: 89120

Telephone: 951.764.5648 Fax: 951.346.9270

Toll Free Number:

E-mail: Rx@westatescorp.com Website: PENDING

Managing Pharmacist: Dina Haileyesus License Number: 16016

Hours of Operation:

Monday thru Friday	<u>8</u> am <u>6</u> pm	Saturday	<u>10</u> am <u>2</u> pm
Sunday	<u> </u> am <u> </u> pm	24 Hours	<u> </u>

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

TERENCE M. CONNOLLY
Print Name of Authorized Person

6/18/2012
Date

Board Use Only

Received: 7/2/12 Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: WESTATES A. G. LLC
Business Name: WELL BEING SPECIALTY RX
Current Business Address: 2510 E. SUNSET RD UNIT 5, STE 415
City: LAS VEGAS State: NV Zip Code: 89120
Telephone: (951) 764-5648 Fax: (951) 346-9270

List any physician shareholders and percentage of ownership.

Name: N/A - NONE %: _____

Name: _____ %: _____

Are you a registered pharmacist in Nevada? Yes ☐ No ☒ License #: _____

SOLE OWNER

Include with the application for a sole owner

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: DINA HAILEYESUS

License #: 16016

Pharmacy Name: Well-Being Specialty Rx

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>NV</u>	Date: <u>02/15/2008</u> Case #: <u>07-009-RPH-5</u>
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

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

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MILLERS OF WYCKOFF
Physical Address: 678 WYCKOFF ave. WYCKOFF NJ 07481
Mailing Address: 678 WYCKOFF ave. WYCKOFF NJ 07481
City: WYCKOFF State: NJ Zip Code: 07481
Telephone: 888-891-3334 Fax: 866-891-3334
Toll Free Number: 888-891-3334 (Required per NAC 639.708)
E-mail: a2oweil@millerspharmacy.com Website: www.MillersPharmacy.com
Managing Pharmacist: David Miller License Number: 28R101608500

Hours of Operation:

Monday thru Friday 9 am 8 pm Saturday 9 am 4 pm
Sunday X am X pm 24 Hours X

TYPE OF PHARMACY

SERVICES PROVIDED

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

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps


Print Name of Authorized Person

5/18/12
Date

Board Use Only

Received: JUN 06 2012

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: David Miller

Business Name: Millers of Wyckoff

Current Business Address: 678 Wyckoff ave

City: Wyckoff State: Nj Zip Code: 07481

Telephone: 888-891-3334 Fax: 866-891-3334

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, David Miller

Responsible Person of Millers of Wyckoff

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

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



Original Signature of Person Authorized to Submit Application, no copies or stamps

David Miller

Print Name of Authorized Person

5/18/12

Date

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MY WEIGHT DOCTOR PHARMACY, LLC

Physical Address: 1701 ROCKVILLE PIKE, SUITE A12

Mailing Address: 1701 ROCKVILLE PIKE, SUITE A12

City: ROCKVILLE State: MD Zip Code: 20850-6376

Telephone: 240-430-2503 Fax: 240-430-2505

Toll Free Number: 888-526-2240 (Required per NAC 639.708)

E-mail: pharmacy@myweightdoctor.com Website: mwdpharmacy.com

Managing Pharmacist: ABOLANLE K. JOHNSON, PHARM.D License Number: 18966 (MD)

Hours of Operation:

Monday thru Friday 7 am 7 pm Saturday 8 am 5 pm
Sunday N/A am N/A pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input checked="" type="checkbox"/> Parenteral (outpatient) <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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60345

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

YASEMIN A. SALMAN

Print Name of Authorized Person

6/7/2012
Date

Board Use Only

Received: JUN 19 2012

Amount: 500-

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: MARYLAND

Parent Company if any: _____

Corporation Name: MY WEIGHT DOCTOR, LLC

Mailing Address: 1701 ROCKVILLE PIKE, SUITE A12

City: ROCKVILLE State: MD Zip: 20850-6376

Telephone: 240-430-2503 Fax: 240-430-2504

Contact Person: SHAWN SHABAN, BUSINESS MANAGER

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) YASEMIN A. SALMAN 13811 BISON CT. SILVER SPRING, MD 20906
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A (No stock)

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Include with the application for a non publicly traded corporation

✓ Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

✓ List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

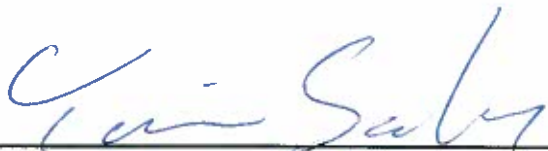
I, YASEMIN A. SALMAN

Responsible Person of MY WEIGHT DOCTOR PHARMACY, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

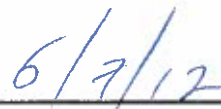
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

YASEMIN A. SALMAN

Print Name of Authorized Person



Date

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: Shari Middle: Ann Last: Challis

Home Address: 122 Falcon St Apt #: _____

City: Mesquite State: NV Zip Code: 89027

Social Security Number _____

Birth: Marion County Sex: M or (F) Indianapolis IN

E-mail Address _____

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

Pharmacy: Walgreens Store #: 12646

Address: 329 N Sandhill Blvd Rd

City: Mesquite State: NV Zip Code: 89027

Signature of Managing Pharmacist: [Signature] Lic #: 17550 Date: 5/12/12

(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older? Yes ☒ No ☐
2) Are you a high school graduate or the equivalent? Yes ☒ No ☐
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)
3) I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
4) I have ☒ I have not ☐ been charged, arrested or convicted of a misdemeanor ☒ or felony ☐
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case #: _____
and/or

b) Criminal Action State: NV Date: _____ Case #: _____
County: Clark Court: Mesquite Municipal Court

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

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

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

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

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: Shari Challis Date: 5-17-12

Board Use Only

Received: JUN 18 2012 Check Number: _____ Amount: 40.00

60301

06/04/12
15:23

Mesquite Police Department
Police Report

1006
Page: 1

Incident Number: 070117-25

Nature: Property Damage

Case Numbers:

Addr: 897 W Mesquite Blvd Area: 68 Oasis Casino
City: Mesquite St: NV Zip: 89027 Contact: Green

Complainant: OAS Alert Codes:

Lst: Oasis Casino Fst: Mid:
DOB: **/**/SSN: - - ^dr: 897 W Mesquite Blvd
Rac: S: Cty: Mesquite St: NV Zip: 89027

Reported: PRNV Property Damage/Non-vanda
Observed: PRNV Property Damage/Non-vanda
Offense
Codes: PRNV Property Damage/Non-vanda

Circumstances: LT14 Hotel/Motel/Etc.

Responding Officers: Nicholas Bacon 6115
Rspnsbl Officer: Nicholas Bacon Agency: MES
Received By: Filiberto Ontiv Last RadLog: **:***: **/**/SSN
How Received: T Telephone Clearance: CRO Cleared, Responding

When Reported: 20:49:35 01/17/07 Disposition: E Disp Date: 01/17/07

Occurrd between: 20:49:30 01/17/07 Judicial Sts:
and: 20:49:30 01/17/07 Misc Entry:

Modus Operandi:

Factor	Description	Method
--------	-------------	--------

INVOLVEMENTS:

Date	Description	Relationship
01/18/07	Green, Gregory J	Witness
01/17/07	Oasis Casino,	Complainant
01/17/07	Challis, Shari Ann	Offender
01/17/07	20:49:35 01/17/07 Property Damage	Initiating Call
01/18/07	BLK Electronics,hom alarm clock alarm cl	Damaged
01/18/07	Household item Window Screen Screen 40	Damaged
01/18/07	Decorations Wall Picture Wall Picture 10	Damaged

Shari Ann Challis
6-4-12

06/04/12
15:30

Mesquite Police Department
Police Report

1006
Page: 1

Incident Number: 061205-08
Nature: Domestic

Case Numbers:

Addr: 377 Lily Ln Area: 80 Wild Flower Subdivisi
City: Mesquite St: NV Zip: 89027 Contact: denise challis

Complainant: 38026 Alert Codes:

Lst: Challis Fst: Denise Mid: A
DOB: SSN: Adr: 377 Lily Ln
Rac: W Sx: F Tel: Cty: Mesquite St: NV Zip: 89027

Reported: DMBS Domestic Battery/Simple
Observed: DMBS Domestic Battery/Simple
Offense
Codes: DMBS Domestic Battery/Simple
CSPA Possession of Paraphernal

Circumstances: LT20 Residence/Home

Responding Officers: Rob Stepp 6048
Brett Griffiths 6093

Rspnsbl Officer: Brett Griffiths Agency: MES
Received By: Kenneth Reber Last RadLog: **:*** **/**/**
How Received: 9 911 Line Clearance: CRO Cleared, Responding

When Reported: 11:43:58 12/05/06 Disposition: E Disp Date: 12/05/06

Occurrd between: 11:43:10 12/05/06 Judicial Sts:
and: 11:43:10 12/05/06 Misc Entry:

Modus Operandi:

Factor	Description	Method
--------	-------------	--------

INVOLVEMENTS:

Date	Description	Relationship
12/05/06	Leavitt, Kristal Shayed	Witness
12/05/06	Challis, Joshua D	Victim
12/05/06	Challis, Denise A	Complainant
12/05/06	Challis, Denise A	Victim
12/05/06	Challis, Joseph Scott	Victim
12/05/06	Challis, Shari Ann	Offender
12/05/06	11:43:58 12/05/06 Domestic	Initiating Call
12/05/06	MUL Contraband Drug Paraphernalia 50	Evidence

Shari Ann Challis
6-4-12

Defendant Information

Name:	CHALLIS, SHARI A	Soc Sec No:		DL No:		DL State:	IN
Address:	114 THISTLE STREET	Birth Date:					
	MESQUITE, NV 89027	Phone 1:					
		Phone 2:		Def No:	26995		

Case Information

Citation No:	A32156	Agency:	MPD	Closed Date:	02/09/2007
Type:	Criminal	Plaintiff:	CITY OF MESQUITE	BCI No:	070124-20
Violation Date:	01/24/2007	Officer:	N/A	Location:	100 E PIONEER
Status:	Closed	Judge:	R.L. Dodd	Input Date:	01/25/2007

Vehicle Information

LP No:		Veh Year:	0	Veh Desc:	
LP State:		VIN:			

Offenses

Date	Code	Violation Code	Description	Amount	Plea	Dispositions	Clerk	Follow-up	Action	S
01/25/2007	45010	207.200	Trespass	253.00	GP	SENT	CL			
01/25/2007	Adm		Administrative Assessment Fee	87.00			CL			
02/01/2007	COM		Arraignment				CL			
Offense Total:				340.00						

Dispositions

Date	Code	Description	Amount	Offense Code	Clerk	Follow-up	Action	S
02/01/2007	DATE	COURT DATE ASSIGNED Type: Court Date Date: 02/01/2007 Time: 10:00am			DM	02/01/2007	COURTDATE D	
02/01/2007	GP	GUILTY PLEA - Trespass		45010	CL			
02/01/2007	SENT	Sentencing - Trespass	253.00	45010	CL			
02/01/2007	Adm	Administrative Assessment Fee	87.00		CL			
02/09/2007	ADJFN	ADJUST FINE-CREDIT FOR TIME SERVED	340.00 -		CL			
02/09/2007	CLOSE	DOCKET CLOSED			CL			
Fine Total:			.00					

Payments

Date	Code	Description	Amount	Clerk	Follow-up	Action	S
Case Balance:			.00				

Notes

I HEREBY CERTIFY that this is
a true and correct copy of the
record as it was the Mesquite
Municipal Court.

Om

Defendant Information

Name:	CHALLIS, SHARI A	Soc Sec No:		DL No:		DL State:	IN
Address:	114 THISTLE STREET	Birth Date:					
	MESQUITE, NV 89027	Phone 1:		Def No:	26995		
		Phone 2:					

Case Information

Citation No:	A32979	Agency:	MPD	Closed Date:	04/27/2007
Type:	Criminal	Plaintiff:	CITY OF MESQUITE	BCI No:	070403-20
Violation Date:	04/03/2007	Officer:	WOODS	Location:	897 W MESQUITE BLVD / OAS
Status:	Closed	Judge:	R.L. Dodd	Input Date:	04/04/2007

Vehicle Information

LP No:		Veh Year:	0	Veh Desc:	
LP State:		VIN:			

Offenses

Date	Code	Violation Code	Description	Amount	Plea	Dispositions	Clerk	Follow-up	Action	S
04/04/2007	45010	207.200	Trespass	253.00		BF	CL			
04/04/2007	Adm		Administrative Assessment Fee	87.00			CL			
04/26/2007	DATE		COURT DATE ASSIGNED Type: Court Date Date: 04/26/2007 Time: 10:00am				CL	04/26/2007	COURTDATE D	
04/26/2007	COM		Arraignment				DM			
Offense Total:				340.00						

Dispositions

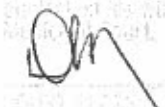
Date	Code	Description	Amount	Offense Code	Clerk	Follow-up	Action	S
04/27/2007	BF	Bail forfeiture	253.00	45010	CL			
04/27/2007	Adm	Administrative Assessment Fee	87.00		CL			
Fine Total:			340.00					

Payments

Date	Code	Description	Amount	Clerk	Follow-up	Action	S
04/27/2007	PMT	Fines # 1.016955	340.00 -	CL			
04/27/2007	CLOSE	DOCKET CLOSED		CL			
Payment Total:			340.00 -				
Case Balance:			.00				

Notes

I HEREBY CERTIFY that this is
a true and correct copy of the
report for the Mesquite
Municipal Court.



Feb 1

CASE NO.

✓

10FQ0058B

Feb 1

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: Alex Middle: _____ Last: Garza

Home Address: 6130 W Flamingo Rd APT 7141 Apt #: _____

City: Las Vegas State: NV Zip Code: 89103

Telepho

Social Security Number:

Date of

Place of Birth: Grand Rapids MI Sex: ☒ M or ☐ F

E-mail Address: _____

I am requesting registration at the following pharmacy:

Pharmacy: Anthem Institute Store #: _____

Address: 2320 S Rainbow Dr

City: Las Vegas State: NV Zip Code: 89102

Signature of Managing Pharmacist: Monique White Lic #: PT11412 Date: 3-26-2012

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☐ No ☐
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

- Yes No
3. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or
Physical condition that would impair your ability to perform the essential functions of your license?..... ☐ ☒
4. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... ☒ ☐
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☐ ☒

*If you marked YES to any of the numbered questions (3-5) above, include the following information & provide documentation:

If you marked YES to any of the following questions, please provide details:					
Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
	NV	3/2/11	C0008477-11	CLARK	NORTH Las Vegas

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

- Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒
IF you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Original Signature, no copies or stamps accepted Alex Garza Date 03/14/12

Board Use Only Received: MAR 29 2012 Amount: 40.00 Entity # 59661

IN THE MUNICIPAL COURT OF THE CITY OF
NORTH LAS VEGAS

COUNTY OF CLARK - STATE OF NEVADA

JUDGMENT OF SENTENCE

DEFENDANT: ALEXANDER GARZA COURT: _____

SSNO: _____ DATE OF BIRTH: _____

DATE OF ARREST/VIOLATION : 12/02/2011

VIOLATION OF ORDINANCE (S): POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ
MARIJUANA

POSSESSION OF NARCOTICS PARAPHERNALIA

DATE OF DISPOSITION 03/08/2012 IN OPEN COURT

FINAL CHARGE (S)	CONVICTION	DISPOSITION OF SENT.
POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ MARIJUANA	DISMISSED BEFORE TRIAL AT PRE-TRIAL	
POSSESSION OF NARCOTICS PARAPHERNALIA	DISMISSED BEFORE TRIAL AT PRE-TRIAL	

[Signature]
COURT CLERK

CERTIFIED COPY [Signature] MUNICIPAL JUDGE

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office.

DATE March 08, 2012

Municipal Court Administrator of the
City of North Las Vegas, State of Nevada

BY [Signature]

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 money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: Jennifer Middle: Megan Last: Philumalee

Home Address: 3960 Falling Heart Ct. Apt #: _____

City: Las Vegas State: NV Zip Code: 89115

Social Security Number: _____

Place of Birth: Madison, WI Sex: ☐ M or ☒ F

E-mail Address: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 8618

Address: 3030 N Las Vegas Blvd

City: Las Vegas State: NV Zip Code: 89030

Signature of Managing Pharmacist: [Signature] Lic #: _____ Date: _____

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐

2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

Yes No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or
Physical condition that would impair your ability to perform the essential functions of your license?..... ☐ ☒

3. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... ☒ ☐

4. Been the subject of an administrative action whether completed or pending in any state?..... ☐ ☒

5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☐ ☒

*If you marked YES to any of the numbered questions (3-5) above, include the following information & provide documentation:

Board Administrative Action:	State	Case #:
Criminal Action:	State	Court
	WI / /	see back of form

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

Are you the subject of a court order for the support of a child?..... Yes ☒ No ☐
IF you marked YES to the question, above are you in compliance with the court order?..... ☐ ☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Original Signature, no copies or stamps accepted: Jennifer M. Philumalee Date: 4/25/12

Board Use Only Received: MAY 01 2012 Amount: 40.00 Entity #: 59932

The below charges have been DISMISSED

01/04/06 Child Abuse - Felony H Dane County Madison WI.

08/11/09 Possession of Narcotic - Felony I Dane County Madison

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 money order or cashier's check only, no cash)

First: DAVID Middle: LYNN Last: PACKER Degree: M.D.

Practice Name (if any): VEGAS VALLEY PLASTIC SURGERY

Nevada Address: 7905 W. Sahara Ave #107 Suite #: 107
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____

SS#: _____

City: LV

State: NV

Zip Code: 89117

E-mail address: _____

Nevada Work Telephone: 702 582-4129

Date of Birth _____

Nevada Fax: 702 838-4600

Sex: ☒ M or ☐ F

Practitioner License Number: 13014

Specialty: PLASTIC SURGERY

You must be licensed with your respective BOARD before we will process this application.

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:			
Board Administrative Action:	State		Case #:
Criminal Action:			

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.

Original Signature, no copies or stamps accepted.

06 / 14 / 2012
Date

Board Use Only		
Received: <u>6/28/12</u>	Amount: <u>80-</u>	Entity# <u>60427</u>

**David L. Packer, M.D.
Vegas Valley Plastic Surgery, Inc
7905 West Sahara Ave
Las Vegas Nevada 89117**

June 15, 2012

Dear Board of Pharmacy,

I have been disciplined by Board of Medicine in Florida for overfilling an Implant in one patient and because of a death following General Anesthesia in another patient.

I was under an investigation by the board of medicine in Florida for the unregistered pain clinic but they have not perused it further since it received its criminal delayed prosecution.

I registered and they did not process due to a false assumption that I was director at two clinics.

Please call if you have further Questions.

Please make an attempt to get me on your July agenda.

Thank you,

Sincerely,


David Packer, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

**In Re the Controlled Substance
Application of DAVID LYNN PACKER, M.D.,**

STIPULATION AND ORDER

_____ /

This matter was heard by the Nevada Board of Pharmacy (hereinafter Board) at its regular meeting on October 12, 2011, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board. Dr. Packer appeared and represented himself. At the October 2011 meeting the Board had some questions for Dr. Packer regarding pending criminal charges in Florida which he was not able to address to the Board's satisfaction so the resolution of his application was referred back to Board Staff. Dr. Packer had entered into a Deferred Prosecution Agreement in Case No. F10-036674 and now desires to obtain a controlled substance registration in Nevada. Dr. Packer stipulates and agrees as follows:

1. Dr. Packer's controlled substance registration will be on probation for two years from the effective date of this order under the following conditions:

a. Dr. Packer must obtain patient profiles from the Nevada Controlled Substances Abuse Prevention Task Force for all patients he prescribes controlled substances for pursuant to NRS 639.23507 and make a determination that the patient is not illegally seeking controlled substances.

b. Dr. Packer's patients' medical records must show objective medical evidence to support his diagnosis; no subjective complaints of pain will be allowed to support his diagnosis.

c. Dr. Packer must maintain a valid Nevada practice address where he examines patients and his patient records are located.

d. Dr. Packer must notify the Board promptly of any address or telephone changes.

e. Dr. Packer's handwriting must only appear on all controlled substance prescriptions.

f. Dr. Packer must personally verify all controlled substance prescriptions with a telephone that is dedicated to his practice.

g. Dr. Packer will be subject to random audits of his medical records to ensure compliance with the terms of this stipulation.

h. Dr. Packer will not be allowed to violate any state or federal laws during the period of probation.

2. Dr. Packer will be authorized to possess, administer or prescribe any schedule II controlled substances listed in NAC 453.520 but will be limited to prescribe only up to five prescriptions per week with a quantity of no more than 30 pills dispensed per patient by the pharmacy with no patient receiving more than two prescriptions per month.

3. Dr. Packer will only be allowed to prescribe schedule III and IV controlled substances as listed in NAC 453.530 and 453.540 respectively under the following conditions:

a. Peri-operative pain management and anxiety relief prescriptions for plastic surgery patients up to eight (8) weeks following surgery;

b. For urgent care and family practice work a five day supply of Vicodin ES and muscle relaxant for acute, non-chronic, injuries.

4. Dr. Packer will allow all information to be shared relative to the enforcement of this Stipulation and Order with the Department of Drug Enforcement Administration.

5. If Dr. Packer violates any of the terms of the probation his controlled substance registration will be revoked.

Signed this 21 day of June, 2012.


David Lynn Packer, MD.


Carolyn J. Cramer
General Counsel
Nevada Board of Pharmacy

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI DADE COUNTY, FLORIDA

STATE OF FLORIDA,
Plaintiff,

Case No. F10-036674
Judge Sayfie

v.

DAVID LYNN PACKER,
Defendant,

DEFERRED PROSECUTION AGREEMENT

COMES NOW KATHERINE FERNANDEZ RUNDLE, State Attorney for the Eleventh Judicial Circuit of Florida, by and through the undersigned Assistant State Attorney, and enters into this Deferred Prosecution Agreement with the Defendant, David Lynn Packer, represented by David Rothman, Esq.

The Parties agree to the following:

1. The Defendant is charged by Information in Miami Dade Circuit Court case number F10-036674 as follows:

- a. Count (1) - operating a health care clinic without a license. (3F)
- b. Count (2) - operating a nonregistered pain management clinic.(3F)
- c. Counts (3-5) - prescribing a controlled substance in a nonregistered pain management clinic. (1MISD)

2. The State of Florida agrees to request the Court to defer the pending criminal charges in case number F10-036674 for a period of one year from the acceptance of this Agreement by the Court. If the Defendant abides by the conditions of this Agreement set out below the State shall *nolle prosequere* all counts after one year from the acceptance of this Agreement by the Court. Pursuant to this Agreement, however, the Defendant is obligated to abide by all of its conditions for a period of two (2) years after its acceptance.

3. The Defendant shall:

- (a) Not prescribe or dispense any controlled substances as defined in F.S. 893.03(1)-(5) within the State of Florida for two (2) years after this Agreement is accepted by the Court, except as follow:

Defendant's Initials _____

- (i) Peri-operative pain management and anxiety relief prescriptions for plastic surgery patients up to eight (8) weeks following surgery;
 - (ii) For urgent care and family practice work: five (5) day supply of Vicoden ES and muscle relaxant for acute, non-chronic, injuries;
- (b) Not work or practice in any registered or nonregistered pain management clinic within the State of Florida as defined by F.S. 458.3265 for two (2) years after this Agreement is accepted by the Court;
- (c) As it is Defendant's intent to live and practice medicine in the State of Nevada during the pendency of this Agreement, notify the State within fifteen (15) days of moving back to and practicing medicine within the State of Florida.
- (d) Pay two thousand dollars and 00/100 cents (\$2000.00) to the Miami Dade Police Department for costs of investigation within thirty (30) days of the execution of this Agreement. Payments should be made by certified bank checks or attorney trust fund checks made payable to the Miami Dade Police Department.
- (e) Pay one thousand dollars and 00/100 cents (\$1000.00) to the City of Miami Police Department for costs of investigation within thirty (30) days of the execution of this Agreement. Payments should be made by certified bank checks or attorney trust fund checks made payable to the City of Miami Police Department (reference police case number 101228-379781).
- (f) Pay to the Florida Department of Health, for investigative costs, within one hundred twenty (120) days of the execution of this Agreement, a sum to be agreed upon by the parties to this Agreement, or if no agreement can be reached, determined by the Court, within thirty (30) days of the execution of this Agreement, but in no event in excess of four thousand dollars (\$4,000.00). Payments should be made by certified bank checks or attorney trust fund checks made payable to the Florida Department of Health.
- (g) Pay one thousand dollars and 00/100 cents (\$1000.00) to the State Attorney's Office for the Eleventh Judicial Circuit of Florida for costs of prosecution within thirty (30) days of the execution of this Agreement. Payments should

be made by certified bank checks or attorney trust fund checks made payable to the Miami-Dade County State Attorney's Office.

- (h) Provide complete and truthful testimony at all meetings, hearings, trials or depositions as required by the State or the Court in the case of *State of Florida vs. Adrian Fyne*, Miami Dade Circuit Court case number F11-9817. The Defendant specifically agrees that if he is residing or visiting outside of the State of Florida, his attorney, David Rothman, will accept notice to secure his attendance for any meetings, hearings, trials or depositions as described above so long as reasonable time is provided. The Defendant specifically agrees that personal service of a subpoena upon the Defendant will not be required to secure his attendance. The State will reimburse the Defendant for reasonable expenses incurred by Defendant for any travel required for his attendance for any meetings, hearings, trials or depositions as described above.

4. A failure to pay any of the amounts above or a returned check shall be considered a violation of this Agreement. Any extensions of time for payment require the written consent of the State and may result in extending the time period for *nolle prosequing* the charges.

5. If the Defendant violates any terms of this Agreement within two (2) years of its execution, the State shall not *nolle prosequere* the case, or if the case has previously been *nolle prossed*, the State shall re-file charges and may seek the maximum penalties provided by law.

6. The Defendant acknowledges that he has been advised by his counsel that the Florida Statutes under which he is charged would normally require a prosecution to commence within specified time periods after the criminal conduct occurred. In order to obtain the benefit of this Agreement the Defendant requests a tolling of these time limitations, and hereby does toll the time limitations for charging these crimes should the State seek to re-file charges for a violation of this Agreement. David Lynn Packer specifically agrees that all of the instant charges may be re-filed within two (2) years of the acceptance of this Agreement by the Court if he violates the terms of this Agreement.


7. The Defendant specifically acknowledges that he has been advised by counsel of his right to a speedy trial guaranteed by Florida Rule of Criminal Procedure 3.191. In order to obtain the benefit of this Agreement, the Defendant, David Lynn Packer, voluntarily waives any and all rights to a speedy trial in the instant case.

8. The Defendant shall refrain from the commission of any crime within the United States during the two (2) year time period covered by this Agreement. Proof of the commission of a crime may be established by the standards and rules for a probation violation hearing.

9. In any future prosecution initiated for violation of this Agreement, the Defendant is permitted to challenge whether he violated the terms of this Agreement in a hearing before the trial court by requesting such hearing within sixty (60) days of the State's notice not to *nolle prosequere* or within sixty (60) days of the re-filing of charges.

Having read the above-mentioned terms of this plea agreement, and having had the terms explained to me by my attorney, David Rothman, and having also been advised by my attorney; I, David Lynn Packer, freely and voluntarily enter into this Agreement and agree to abide by all terms and conditions of this Agreement, and agree that failure to comply with any terms or conditions within this Agreement constitutes a violation and subjects me to arrest, prosecution and sentence up to the statutory maximum penalties provided by law.

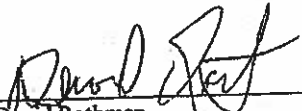
This agreement is entered into freely and voluntarily on this 9th day of February, 2012.


David Lynn Packer
Defendant

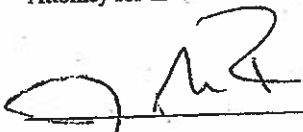
I HEREBY CERTIFY that I am the attorney for the Defendant, David Lynn Packer, that I have discussed the contents of this Agreement with him, that he has read this entire agreement, that I am satisfied that he

Defendant's Initials DP

understands all the conditions and obligations contained herein, and further, that he is entering into this agreement freely and voluntarily with full knowledge of its contents.



David Rothman
Attorney for the Defendant



John N. Perikles
Assistant State Attorney

Board Action:

Motion: Keith Macdonald moved to approve Mr. Zawaideh's application for reciprocity to Nevada.

Second: Jody Lewis

Action: Passed Unanimously

7. Requests for Controlled Substance Registration – Appearance for Possible Action:

A. David L. Packer, MD

Carolyn Cramer explained that Dr. Packer was asked to appear to explain the recent charges in Florida for practicing without a license. There were five counts against him including operating a health care clinic without a license, owning a nonregistered pain management clinic and prescribing or dispensing controlled substances from the nonregistered pain management clinic.

Dr. Packer tried to explain the circumstances, however the Board had difficulty with Dr. Packer's explanations.

Board Action:

Motion: Keith Macdonald moved to remand this application back to Board staff to come to an amenable agreement for a restricted license.

Second: Kam Gandhi

Action: Passed Unanimously

B. Mohamed Saleh, MD

Continued to the January 2012 Board meeting.

C. Richard S. Teh, MD

Dr. Teh's application was accepted and he was not required to appear.

8. Request for Practitioner Dispensing Registration - Appearance for Possible Action:

Richard L. Bailey, MD

Dr. Bailey has rescheduled to the January 2012 Board meeting.

no cs
required

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

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

New Dispensing Location ☒

Address Change ☐ (Requires Fee and New Application)

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: Richard Middle: Lefroy Last: Bailey Degree: ML

Practice Name (if any): Radiance Med Spa

Nevada Address: 9555 S. Eastern Avenue, Las Vegas, NV 89123 Suite #: 155

PO Box: 21944

E-mail address:

City: Bullhead City

State: AZ

Zip Code: 86439

Nevada Work Telephone:

Nevada Fax:

Yes No

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... ☐ ☒

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... ☐ ☒
2. Been the subject of an administrative action whether completed or pending in any state?..... ☐ ☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.... ☐ ☒

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

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.

Original Signature, no copies or stamps accepted.

Date

7/8/2011

Board Use Only

Received:

JUL 26 2011

Amount:

300.00

Entity#

57469

This application is required if the dispensing facility is not owned by a physician.

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

**DISPENSING FACILITY APPLICATION
NON PUBLICLY TRADED CORPORATION**

THE APPLICATION CAN BE HANDWRITTEN AS LONG AS IT IS LEGIBLE

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.

FACILITY INFORMATION

Facility Name: Radianne Medspa
Physical Address: 9555 S. Eastern Ave #155, Las Vegas NV, 89123
Mailing Address: 9555 S. Eastern Ave #155
City: Las Vegas State: NV Zip Code: 89123
Telephone Number: 702-263-3772 Fax Number: 702-260-0537
E-mail: admin@RadiannemedspaLV.com

Names of Dispensing Practitioners Requested at this Site:

Dr. Richard Bailey

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: Radiance Medspa LLC
Mailing Address: 4555 S. Eastern Ave #155
City, State and Zip: Las Vegas NV 89123
Telephone Number: 702-263-3772 Fax Number: 702-260-0537
License Contact Person: SAROS SINGH

OWNERSHIP INFORMATION: Four largest shareholder must complete the information below and complete the Personal History Record.

List the corporations four largest shareholders

Name	Percentage of Ownership
1. <u>SAROS Singh</u>	%: <u>100%</u>
2. _____	%: _____
3. _____	%: _____
4. _____	%: _____

Name and title of each officer and director (Use separate sheet if necessary)

Officer or director name

Saraj Singh

Officer or director title

Managing Member

Within the last five (5) years:

- 1) 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 ☒
- 2) 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 ☒
- 3) 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 ☒
- 4) 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 ☒
- 5) 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 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 dispensing facility may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Corporate Officer

Date

Print or Type name and title

PERSONAL HISTORY RECORD for Pharmacy, MDEG & WholesalerDate 1-11-12**GENERAL INSTRUCTIONS**

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

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

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

Application for Dispensing License
 Nature of License
Radiance Medspa
 Name and Address of Establishment for Which License is Requested
Radiance Medspa
 if applicable, Name Under Which it is Now Operated

1. PERSONAL INFORMATION:

Last Name SINGH First Name SAROJ Middle Name

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

N/A

Present Residence Address-Street or RFD 10357 MAGNOLIA FALLS LN City Las Vegas State/Zip NV 89144

Present Business Address 9555 S. Eastern Ave City State/Zip

Occupation Self employed Phone: Residence Business

Date of Birth 7 Place of Birth (City, County, State) Allahabad India

Age 53 Social Security Number Sex F

Color of Eyes Black Color of Hair Black Complexion Brown Weight 135 Build Height 5'-4"

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

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's Initial S

MARITAL INFORMATION-Continued

A. **Current Marriage**..... 4/17.....
 Date.....
 Spouse's full name (Maiden).....
 City, County and State.....
 S.S. No.....
 Date of Birth..... Place of Birth.....
 Resident address.....
 Street..... City..... State..... Zip.....
 Telephone: Residence..... Business.....
 Spouse's employer..... Occupation.....
 Address of employer.....
 Street..... City..... State..... Zip.....

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

Dr Vinod K Singh	I dont know				
------------------	-------------	--	--	--	--

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
------	------------	-------------	-------------------

Swati Singh	11-22-82	Las Vegas	Same as mine
-------------	----------	-----------	--------------

Shreshank Singh	5-21-88	New York	Lives with me
-----------------	---------	----------	---------------

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-ContinuedDistrict attorney or public agency responsible for enforcing the child support order: N/A

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

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

Name (Maiden)

Birth Date

Address

Occupation

Father

Dr Bhagwan Singh

Dead

Professor @ NLV

Mother

Shakunatala Singh

5084 Sarabdane

House wife

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

Brijendra Singh

#5450 Imperial Hwy.

Cheryl

LA. 90280

Spouse

Sashi Singh Morris

7133 Tropical Island Ct -

Casino Host

Robert Morris

LV, NV 89129
Dead

Spouse

Devendra P. Singh

5084 Sarabdane

Real Estate

Sariita Singh

LV, NV 89119

Housewife

Brother Raghvendra P. Singh

Bakersfield ?

M.D, Doctor

Spouse

Shakunatala Singh

Passed away

Jan 27th 2011

Housewife

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Carmel Inter College.	INDIA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	GGIC	INDIA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	Allahabad University	INDIA	B.A	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	Masters from Allahabad University - 1980			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelors & Masters in Philosophy

College or university where obtained

Applicant's initial

SS

6 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

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

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

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

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

B. Have you registered for the draft?

Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's Initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☒ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☒ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
1997 to now	10357 Niagara Falls Dr.	Las Vegas	NV. 89144
1994 to 1997		Kingman	AZ
1993 to 1994		Las Vegas	
1987 to 1993		New York	

Applicant's Initial



8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2.1.2007 to now	Radiance Medspa	Working
Title	Description of Duties	Name of Supervisor
managing member owner		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1998 to Jan 31 2007	Quizno's	Sold the Business
Title	Description of Duties	Name of Supervisor
President of		I was the President of Quizno's
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1981 to 1997	House wife	
Title	Description of Duties	Name of Supervisor
Housewife		
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, continue on page 10 or provide attachment.

Applicant's Initial



9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Kathryn LaMar</u>	Home <u>13501 Converse St.</u>	<u>Henderson</u>	<u>NV</u>	<u>89052</u>		<u>3</u>
Employer <u>Self employed</u>	Business <u>Isagony</u>					
Name <u>Heidi Piplow</u>	Home <u>245 Winter Creek</u>	<u>Henderson</u>				<u>07/10 years</u>
Employer <u>Self employed</u>	Business <u>Tropical Smoothie</u>					
Name <u>Atiyeh Khan</u>	Home <u>Kingman</u>	<u>Az</u>				<u>16 years</u>
Employer <u>Mojave Community College</u>	Business <u>Teacher</u>					
Name <u>Dolly Mandel</u>	Home <u>4008 Crimson Clover Ln</u>	<u>NV</u>		<u>89134</u>		<u>13 years</u>
Employer <u>Self employed</u>	Business <u>Book keeping</u>					
Name <u>Stacy</u>	Home					
Employer <u>Self employed</u>	Business <u>Book keeping</u>					

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county 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 SS

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

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

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

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

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

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

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

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



Date of photograph 1-11-2012

Applicant's Initial [Signature]

STATE OF Nevada

SS.

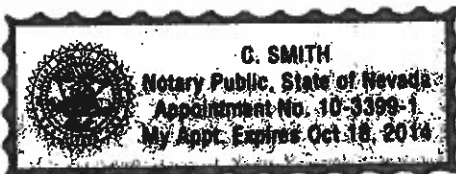
COUNTY OF ClarkI, Saroj Singh

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

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

Saroj Singh
Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of
January 2012 by Saroj Singh ***
C. Smith
Notary Public



(seal)

Applicant's initial S

Page 9

ADDITIONAL INFORMATION

My name is Sarej Singh. I came to USA in 1980. My father was professor in UNLV. I was married in 1981. I got divorced in June 1997. I have 2 kids Swati & Shashank R. they both live with me. I am Masters in Philosophy. I was housewife till 1998. I bought the Quiznos franchise. I ran the business till Jan 2007. 2005 I bought Radiance franchise. We open Radiance Medspa Nov 2007.

Applicant's initial



Page 10

TrimBody MD has applied for a controlled substance registration for two locations for Robert Vance, DO and has received the required DEA for each location. They wish to apply for a dispensing license at both locations, however there have been questions. It was suggested they request an appearance before the board. If approved by the board, the required application and fee's will be submitted and pre-opening inspections will occur before the dispensing of any drugs.

The locations are: 10300 W Charleston Blvd #21 and 9310 S Eastern Ave #122.

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 money order or cashier's check only, no cash)

First: Robert Middle: Bliss Last: Vance Degree: DO

Practice Name (if any): Trim Body M.D.

Nevada Address: 9310 S. Eastern Ave Suite #: 122

(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____

SS#: _____

City: Las Vegas State: NV Zip Code: 89123

E-mail address: _____

Nevada Work Telephone: 702 489-3300

Date of Birth: _____

Nevada Fax: 702 222-0241

Sex: ☒ M or ☐ F

Practitioner License Number: 1050

Specialty: Int Med

You must be licensed with your respective BOARD before we will process this application.

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:			
Board Administrative Action:	State		Case #:
Criminal Action:			

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.

Original Signature, no copies or stamps accepted. _____

Date _____

Board Use Only

Received: MAY 09 2012

Amount: 80.00

Entity# 59996

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 money order or cashier's check only, no cash)

First: Robert Middle: Bliss Last: Vance Degree: DO

Practice Name (if any): Trim Body M.D.

Nevada Address: 10300 W. Charleston Suite #: 21
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____

SS#: _____

City: Las Vegas State: NV Zip Code: 89135

E-mail address: _____

Nevada Work Telephone: 702 489-3300

Date of Birth _____

Nevada Fax: 702 222-0241

Sex: ☒ M or ☐ F

Practitioner License Number: 1050

Specialty: Int Med.

You must be licensed with your respective BOARD before we will process this application.

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:			
Board Administrative Action:	State		Case #:
Criminal Action:			

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]
Original Signature, no copies or stamps accepted.

5-2-12
Date

Board Use Only

Received: MAY 09 2012 Amount: 80.00 Entity# 59995

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To whom it may concern:

APR - 5 2012

My name is Rutasha Godetta Moore , I am writing to you on my behalf in regards to my Pharmacy Technician License. I have been a licensed Pharmacy Technician since September of 1993. I have worked in a Pharmacy setting since October of 1989, when a co-worker became ill in the Pharmacy and they needed someone who was bilingual to work in the department. I did so well and was so helpful that they kept me in the department and showed me the ropes of the trade. I worked for Thrifty's Pharmacy from October of 1989 to July 1995. I then went to Sav-On Pharmacy in October of 1995 until it was bought out and converted over to CVS Pharmacy. I was included in the work crew that helped convert the Pharmacy over into a 24hr store as well as help with the reconstruction. I stayed with CVS in California up until July 22, 2008. I made my move to Las Vegas Nevada in July 2008. I started my first week at the CVS on Tropicana on August 3rd 2008.

The reason for me writing to you this day, is to request that my Tech license be renewed. I have been without a job since I was terminated back on April 21, 2009. After being terminated from my work, I discovered that I was pregnant. I started receiving assistance in the middle of May because I was not eligible for un-employment. I felt that I was wrongfully terminated. I was arrested at my place of work on April 21, 2009. I went into the manager's office on that day to discuss why my health plan, that I was waiting for , only covered my eldest child that lived in La Verne California. I was questioned about handing out someone's medication to a person that the meds did not belong to. I had admitted to accidently handing out the medication, due to the person picking up, telling me that she worked for a hospice facility. Our laws and regulations in Upland California are different from those in Las Vegas Nevada. I made the mistake of not requesting the Nevada ID of the person picking up the medication. It was a very busy and hectic day. Not to mention I was not myself because I was feeling drained and experiencing some anxiety.

I mistakenly gave out the medication to another patient. How it came to as being a discovery was, that the patient, came to pick up their medication two days later, I had realized what had happened and told my Pharmacy manager. I made the call to the insurance and got the override to satisfy the customer. I apologized to the customer and felt very bad about the situation which had occurred on March 18, 2009. I did not get confronted about what had occurred from management until April 21, 2009. I was stunned because they thought that I was in on some type of illegal ring. I unknowingly knew what was going on. I have worked in one Pharmacy for over 14 years and never had a problem with my work or any type of by-laws that we have or even violate HIPPA. I never had to take anyone's ID or driver's license in order to dispense medication, unless it was a Class II scheduled drug, this was something that I had to be reminded of from time to time. I tried to explain myself to management. After being arrested and being placed in jail for 3 days, I was let go and never tried in court, due to lack of evidence.

Since I have terminated I have turned in over 350 applications everywhere and anywhere for work. Due to pregnancy issues, no one wanted to hire me, after giving birth to my child on December 28, 2009 , I still pursued jobs and turned in job applications. There was none available. I moved back to California with my mother on September 26, 2009. Because of the allowable income on the county in Clark County, it was not enough to raise three children and one adult with an infant on the way. Once I delivered my child, I started back to filling out job applications everywhere even going to Temp agencies. I had no luck, not even with the minimum wage jobs. They told me that I was over qualified or have too much experience, for the job, requirements. So, now I would like to go back to doing what I know best

To whom it may concern:

and to what I was amazing at doing, which is working in a Pharmacy. I am most happy at doing y job and satisfying customers. Whenever there was a problem in the Pharmacy, I, Rutasha was the go to girl. I knew how to bill insurances, co-pay bill insurance, or enter special coupon offers. If that did not work I would take the necessary steps to hand bill the info or pick up the telephone and make the call to get the patient their medication. I would take that extra step to show how sincere I was about my job. When people come to your pharmacy they are sick or in pain, I made sure that every trip was a success, so that they would always come back. I have exceptional customer service skills, I never had a complaint at either work place. Matter of fact, I had customers requesting my service whenever they came in to the pharmacy or they would leave a note for me to look after their prescription personally. Those type of things made my day, it made me feel as if I were on cloud nine.

I miss my job very much, and if I were giving the chance to work in a pharmacy setting once again, I will do any and everything possible to prove to the board of pharmacy and my peers, that I am a person of my word. I will make sure to be strict on policy of the state of Nevada as well as pay any type of restitution required of me. I will attend any pharmacy training course, or class in order to be retrained in this field of work. I am seeking a once in a life-time reprieve of graciousness in order to get back something that I love so dearly. I am full of determination and willing to go with any course of action to become a Pharmacy Technician. At this time, I would like to thank you very much for this opportunity to be heard.

Sincerely,

Rutasha Godetta Moore

A handwritten signature in black ink, appearing to read 'Rutasha Godetta Moore', written in a cursive style.

1. On or about June 3, 2009, Board staff was notified that Respondent had been terminated from employment as a pharmaceutical technician at CVS #08798. An investigation by CVS #08798 found that Respondent had created fraudulent prescriptions to be picked up by an unknown person. Respondent was contacted by someone from a doctor's office to add refills for a female patient of CVS #08798. Respondent admitted in her written statement that she would call the doctor's office to verify the prescription and the refill would be verified. Respondent would then get a text to see if the prescription was ready and then an unknown person would go through the drive-through and pick up the prescription. When Respondent went home she found an envelope on the floor with \$300.00 in it. Respondent indicated that later she got a text

to see if she had received the money and she confirmed that she had and was texted that there was more money where that came from.

2. Respondent filled fraudulent prescriptions for hydrocodone 10/500 for a total quantity for 380 tablets and Alprazolam 2 mg. for a total quantity of 220 tablets. Resulting in a total loss of \$311.00 to CVS #08798. Loss prevention personnel terminated Respondent's employment and filed a complaint with the police.

CONCLUSIONS OF LAW

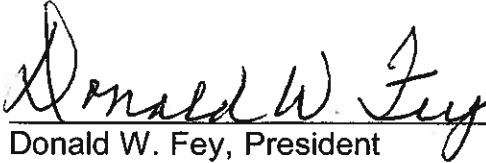
1. The Board has jurisdiction over this matter because Ms. Moore is registered as a pharmaceutical technician with the Board.
2. In creating false refills for controlled substances, namely hydrocodone/APAP 10/500 tablets and Alprazolam 2 mg. tablets, for unknowing patients and dispensing them to persons other than they were originally prescribed for, Ms. Moore violated NRS 453.331(1)(d) and/or 639.210(1),(4) and/or (12) and NAC 639.945(1)(h) and (i).

ORDER

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

1. Ms. Moore's registration (PT10024) is revoked. Ms. Moore may not be employed in any business registered by the Board in any capacity.

Signed and effective this 27th day of October, 2009.


Donald W. Fey, President
Nevada State Board of Pharmacy

practice of pharmacy. Mr. Peters testified in his effort to maintain his professional competency as a pharmacist he has recently completed 62 hours of continuing education.

Mr. Espadero recommended that Mr. Peters be allowed to practice pharmacy with the condition that his PRN-PRN contract is extended to ten years and that he is required to work in a metropolitan area rather than a rural area like Elko so Mr. Peters would be easy to monitor.

ORDER

Based upon Mr. Peters presentation and demeanor at the hearing on July 14, 2011, we find that reinstatement of Mr. Peters is in the public interest subject to the following terms and conditions of probation:

1. Mr. Peters shall comply fully with the terms and conditions required of him by PRN-PRN. Mr. Peters probation and his PRN-PRN contract shall be for a period of ten years. Any violation of Mr. Peters PRN-PRN agreement shall constitute a violation of this Order.

2. Mr. Peters shall notify his present or any potential employer of the existence and terms of this Order and shall provide a copy of this Order to his employer or potential employer.

3. Mr. Peters shall provide to PRN-PRN a copy or notification of any prescription he receives from a physician. If Mr. Peters seeks a prescription for a controlled substance, he shall assure that the physician is notified of this Order before the physician prescribes a controlled substance for Mr. Peters.

4. PRN-PRN shall notify the Board's office of any breach of Mr. Peters treatment agreement. The Board's staff shall evaluate, and if it deems necessary, investigate the breach and shall take such action, including seeking additional discipline, as the Board's staff deems appropriate.

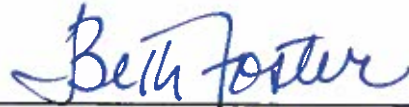
5. PRN-PRN shall notify the Board's office of Mr. Peters successful completion of his treatment agreement.

6. Mr. Peters shall comply with all laws relating to the practice of pharmacy, whether state or federal, statute or regulation.

7. Mr. Peters must confine his practice of pharmacy to either the Reno or Las Vegas metropolitan areas.

8. Mr. Peters shall be responsible for and shall pay all fees and costs related to his substance abuse treatment pursuant to this Order. A failure to pay any of these fees or costs for treatment shall be deemed a violation of this Order.

Signed and effective this 12th day of August, 2011.



Beth Foster, President
Nevada State Board of Pharmacy

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TEMPORARY LICENSES
(Issued since last board meeting)

Renown Regional Medical Center

Jennifer Hartman

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Nevada Osteopathic
Medical Association

JUN 21 2012

June 12, 2012

Larry Pinson, Pharm D
Nevada State Board of Pharmacy
431 W Plumb
Reno NV 89509

Dr. Larry Pinson, Pharm D ;

On behalf of the Nevada Osteopathic Medical Association, I would like to thank you for your lecture, at the 22nd NOMA Annual Convention, April 27-28, 2012, Suncoast Hotel, Las Vegas, Nevada. This format was well received and we look forward to improving the usefulness for our attendees.

We appreciate your time and preparation. We have forwarded a copy of all the evaluations for your review. Participants were asked to grade on a scale of one to four, four being the best. I will be happy to review any of the information with you if you wish.

It has been a pleasure working with you and hope you will attend other NOMA events in the future. Thanks again.

Sincerely,

A handwritten signature in cursive script that reads "Denise".

Denise Selleck Davis, CAE
Executive Director

403 Max Court
Henderson, NV 89011
(702) 434-7112 (702) 434-7110 fax
Nvoma@earthlink.net www.nevadaosteopathic.org

NEVADA OSTEOPATHIC MEDICAL ASSOCIATION
2012 Annual Convention
Speaker Evaluations

Friday, April 27, 2012

Please help us by evaluating each of the CME lectures throughout each day and return the completed form to the registration table.

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Child Abuse, Recognition and Reporting Andrew Eisen, MD	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Safe Driving for Older Patients Lisa Rosenberg, MD	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
At Home Risk Evaluation Karen Picus, OT	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Shoulder Instability Matthew Ragsdell, DO	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Migraine, A Neurology Perspective Mehdi Ansarinia, MD	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
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Comments/Suggestions				

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Safe Driving for Older Patients Lisa Rosenberg, MD	4 3 2 1	4 3 2 1 <i>Retired</i>	4 3 2 1	<input type="checkbox"/>
At Home Risk Evaluation Karen Picus, OT	4 3 2 1	4 3 2 1 <i>Retired</i>	4 3 2 1	<input type="checkbox"/>
Shoulder Instability Matthew Ragsdell, DO <i>More office based evaluation</i>	4 3 2 1	4 3 2 1 <i>Retired</i>	4 3 2 1	<input type="checkbox"/>
Migraine, A Neurology Perspective Mehdi Ansarinia, MD	4 3 2 1	4 3 2 1 <i>Retired</i>	4 3 2 1	<input type="checkbox"/>
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Comments/Suggestions _____

NEVADA OSTEOPATHIC MEDICAL ASSOCIATION
2012 Annual Convention
Speaker Evaluations

Friday, April 27, 2012

Please help us by evaluating each of the CME lectures throughout each day and return the completed form to the registration table.

4 = excellent, 3 = good, 2 = average, 1 = poor

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Rheumatoid Arthritis and the Heart Kenneth Grant, MD <i>Custer's last stand</i>	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Child Abuse, Recognition and Reporting Andrew Eisen, MD	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Safe Driving for Older Patients Lisa Rosenberg, MD <i>co-pilots</i>	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
At Home Risk Evaluation Karen Picus, OT <i>Occupational Therapist</i>	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Shoulder Instability Matthew Ragsdell, DO	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
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Rheumatoid Arthritis and the Heart Kenneth Grant, MD <i>l. Made at end of lecture - OK</i>	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Child Abuse, Recognition and Reporting Andrew Eisen, MD	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Safe Driving for Older Patients Lisa Rosenberg, MD	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
At Home Risk Evaluation Karen Picus, OT	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Shoulder Instability Matthew Ragsdell, DO <i>to make the surgery better - speaks well</i>	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Migraine, A Neurology Perspective Mehdi Ansarinia, MD <i>Not sure, to listen to</i>	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Surgery for Migraine Kayvan Khabani, MD	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Prescription Drug Abuse - An Overview Larry Pinson, PharmD	4 3 2 1	4 3 2 1	4 3 2 1	<input type="checkbox"/>
Comments/Suggestions <i>Initial shoulder lecture for surgical however on questions he really helped. Charming</i>				

J. Socey, DO

Hospital Regulation Committee

keith macdonald

Sent: Sunday, June 10, 2012 9:39 PM**To:** LARRY L. PINSON**Cc:**

Executive Secretary Pinson;

Thank you for your selection of quality pharmacists willing to serve on the hospital regulation committee, which was conducted Friday, June 9. Corresponding to their dedication to the profession, all were in attendance and readily agreed to accept review and recommendations for various segments of the existing statutes and regulations. The areas of concentration and responsible persons are;

Beth Foster - 797 regulations

Dave Wuest - Selection and Procurement, Administration(dosing)

Kevin Desmond - Storage

Katie Johnson/ Beth Foster - Preparation and Dispensing

Susan Holly/Dave Simsek - Ordering and Transcribing

Participants agree to share information between themselves which would include comment, suggestions, and pharmacy law references. From these a consensus will be derived.

Further discussion regarding desire of law/regulation pertaining to small (rural) hospitals, hospital associated facilities (within/free standing),detention facilities will be conducted with needed board office input regarding inclusion and/or separation of law/regulation structure. Licensing, authority and limitations can then be drafted.

Due to various time constraints (summer vacations, etc) the participants agreed to meet again Friday August 17. Please advise us if that date is in conflict with board of pharmacy activities.

Keith Mac

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From: Amanda Harris
Sent: Thursday, December 22, 2011 3:22 PM
To: LARRY L. PINSON
Cc: Lisa J. Hedaria
Subject: Request to change CE hours granted for Nevada WebIZ training

Good afternoon Larry,

A couple of years ago the Board of Pharmacy granted the Nevada State Immunization Program permission to give 2 continuing education credits to pharmacists and pharmacy technicians attending our Nevada WebIZ data entry class. As you know, both NRS 439.265 (our immunization registry statute) and NAC 639.2976 require pharmacist administering immunizations to notify the statewide immunization registry of immunization events.

We have revised our training program for Nevada WebIZ. Along with the data entry classes, we have also been providing separate shorter classes for those that only need to view data. My WebIZ trainers recently came up with a way to merge the viewing class w/the data entry class. Because the topics discussed during the viewing class are also part of the data entry class, they've designed a program that covers the viewing & navigating topics during the first 2hrs, then covers the data entry pieces over an additional hour. A 15min break will be given to the data entry students at the end of the 1st 2hrs- during that time, the trainers will walk the view-only staff through the initial login process.

We would like to grant a total of 2hrs of CE to pharmacists & pharmacy technicians who attend only the viewing portion (if not administering vaccinations, but have a need to view immunization data), and a total of 3hrs of CE to pharmacists & pharmacy technicians who attend the entire 3hrs of class. I've attached the following documentation related to this training program:

- WebIZ Common Features Manual ("view-only")
- WebIZ Data Entry Manual
- Training powerpoint
- Training Program overview
- VFC video

Please let me know as soon as you are able if we are permitted to grant the newly requested CE hours going forward. Please always feel free to call or email with questions or concerns.

Many thanks & Happy Holidays!
Amanda (Mandy) Harris
Nevada WebIZ Manager
NV State Immunization Program
775-684-4258 phone
775-687-7596 fax
asharris@health.nv.gov

Help Desk Email: izit@health.nv.gov

*Note: I will be out of the office 12/28/11 thru 1/2/12

Username: Password: ☐ Remember me [Join AACE](#) [Forgot Password?](#)



**American Association of
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The Voice of Clinical Endocrinology - Founded 1981

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Nevada Chapter of the American Association of Clinical Endocrinologists

Endocrinology for the Non-Endocrinologist & 2012 Annual Meeting
May 4-6, 2012

Friday	Saturday	Sunday
	Saturday, May 5, 2012	
	7:00 – 7:50 A.M. Registration and Breakfast	
	7:50 – 8:00 A.M. Welcome Paul Tomasic, MD, FACP, FACE – NV-AACE Vice President and Program Chair	
	Thyroid Session – John Sutton, DO, FACOI – Section Leader	
	8:00 – 8:35 A.M. What's "Cool" in Hypothyroidism Stanley Shane, MD, FACE	
	8:35 – 9:10 A.M. What's "Hot" in Hyperthyroidism Lisa Abbott, MD	
	9:10 – 9:45 A.M. Thyroid Nodules and Thyroid Cancer Update: More Lumps Ahead Samer Nakhle, MD, FACE, ECNU	
	9:45 – 10:00 A.M. Thyroid Section Q & A	
	10:00 – 10:30 A.M. Break	
	Metabolic Bone Disease Session – Milton Wong, MD, FACE, ECNU – Section Leader	
	10:30 – 11:10 A.M. Diagnosis and Initial Management of Osteoporosis Fariba Rahnema, MD	
	11:10 – 11:45 A.M. Anabolic and Novel Therapies for Managing Osteoporosis Firhaad Ismail, MD, FACE	
	11:45 – 12:00 P.M. Metabolic Bone Disease Section Q & A	
	12:00 – 1:40 P.M. Lunch & Lectures	
	12:15 – 12:50 P.M. New and Future Medications for the Treatment of Diabetes Safak Guven, MD, FACP, FACE	
	12:50 – 1:25 P.M. Diabetes Technology Update for 2012 and Beyond Tomas Walker, MSN, APN, CDE	
	1:25 – 1:40 P.M. Diabetes Section Q & A	
	Endocrinology Session – W. Reid Litchfield, MD, FACE, ECNU – Section Leader	

Program Committee

Paul Tomasic, MD, FACP, FACE – Program Chair
Fred Toffel, MD, FACP, FACE – Program Co-Chair
Safak Guven, MD, FACP, FACE
Evan Klass, MD, FACE
W. Reid Litchfield, MD, FACE
ECNthemresortU
Samer Nakhle, MD, FACE, ECNU
John Sutton, DO, FACOI
Milton Wong, MD, FACE, ECNU

Location

M Resort Conference Center
12300 Las Vegas Blvd. South
Henderson, NV 89044

Hotel Accommodation Information

To make reservations, please contact the reservations department at 1-877-673-7878 and identify yourself as part of the Nevada-AACE 2012 Annual Meeting with group code, SAACE12, to receive our group rate of \$150 for single or \$180 for double. Reservations can also be made online, using the same group code, at <http://www.themresort.com/>. **The room block will be held until April 11, 2012.**

Accreditation Statement

This activity has been approved for AMA PRA Category 1 Credit

Disclaimer

The material presented during the Nevada Chapter of AACE annual meeting is being made available by the Nevada Chapter of AACE for educational purposes only, and does not necessarily represent the only or best method or procedure appropriate for the medical situations discussed. The opinions and views expressed represent the opinions of the presenters and not necessarily those of the Nevada Chapter of AACE, AACE, or its governing body. Therefore, the Nevada Chapter of AACE and AACE disclaim any and all liability for injury or other damages resulting to an individual attending this meeting or to any third party for claims based upon the use of techniques and/or products presented by any party at this meeting.

Target Audience

Endocrinologists, primary care physicians, physician's assistants, nurses and other interested healthcare professionals in Nevada.

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Non Member Physician & Allied Health Professional

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Nevada Chapter of the American Association of Clinical Endocrinologists

**Endocrinology for the Non-Endocrinologist & 2012 Annual
Meeting
May 4-6, 2012**

Friday	Saturday	Sunday
		Sunday, May 6, 2012
		8:00 – 8:50 A.M. Registration and Breakfast
		8:50 – 9:00 A.M. Welcome Fred Toffel, MD, FACP, FACE – NV-AACE President and Program Co-chair
		9:00 – 10:00 A.M. The Extrapaneatic Effects of GLP-1 Agonists Alan Garber, MD, PhD, FACE
		10:00 – 10:10 A.M. Questions and Answers
		10:10 – 11:10 A.M. Diagnosis and Management of Cushing's Syndrome Anthony Heaney, MD, PhD
		11:10 – 11:20 A.M. Questions and Answers
		11:20 – 11:55 A.M. NV-AACE Chapter Business Meeting Fred Toffel, MD, FACP, FACE – NV-AACE President
		11:55 – 12:00 P.M. Closing Remarks Fred Toffel, MD, FACP, FACE – NV-AACE President and Program Co-chair
		12:00 P.M. Adjournment

Program Committee

Paul Tomasic, MD, FACP, FACE – Program Chair
Fred Toffel, MD, FACP, FACE – Program Co-Chair
Safak Guven, MD, FACP, FACE
Evan Klass, MD, FACE
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Non Member Physician & Allied Health Professional

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**NEVADA STATE BOARD OF
PHARMACY**

**IMMUNIZATION
REPORT**

April 1, 2011 – March 31, 2012

NEVADA STATE BOARD OF PHARMACY
431 WEST PLUMB LANE
RENO, NEVADA 89509
(775) 850-1440
FAX: (775) 850-1444
WEBSITE: <http://bop.nv.gov/>
E-MAIL: PHARMACY@PHAMACY.NV.GOV

INTRODUCTION

A copy of this report is available from the Board of Pharmacy on request.

This report, mandated by Nevada Revised Statute (NRS) 639.065, will look at Nevada's immunization levels compared to national levels and review current administrative code changes to improve the health of the people of Nevada by improving access to pharmacists who provide immunizations and by expanding the role of pharmacists in administering immunizations under physician protocol.

NRS 639.065 Annual report concerning immunizations administered by pharmacists.

The Board shall prepare an annual report concerning immunizations administered by pharmacists that includes, without limitation, the number of immunizations which were administered by pharmacists during the previous year, any problems or complaints reported to the Board concerning immunizations administered by pharmacists and any other information that the Board determines would be useful in determining whether pharmacists should continue to administer immunizations in the State. The report must be available for public inspection during regular business hours at the office of the Board. (Added to NRS by 1999, 2722)

Nevada remains one of least immunized states in the nation. In the interest of better serving the people of Nevada, NRS 454.213 (18) regulated through the Nevada State Board of Pharmacy, authorizes pharmacists with the proper training to administer vaccinations to patients.

NRS 454.213 addresses a pharmacist's authority to possess and administer dangerous drug. [Effective January 1, 2008.]

18. In accordance with applicable regulations of the Board, a registered pharmacist who:
 - (a) Is trained in and certified to carry out standards and practices for immunization programs;
 - (b) Is authorized to administer immunizations pursuant to written protocols from a physician; and
 - (c) Administers immunizations in compliance with the "Standards of Immunization Practices" recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices.

THE STATE OF IMMUNIZATIONS IN THE STATE OF NEVADA

National Vaccination Coverage among Children Aged 19--35 Months Nevada and United States, 2010

TABLE 3. Estimated vaccination coverage for vaccination series (modified)* and selected individual vaccines among children aged 19--35 months, National Immunization Survey, Nevada and United States, 2010†												
	MMR (≥1 dose)		PCV (≥4 doses)		HepB (birth)§		HepA (≥2 doses)¶		Rotavirus**		Vaccine series (modified)*	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
United States	91.5	(±0.7)††	83.3	(±1.0)††	64.1	(±1.3)††	49.7	(±1.4)††	59.2	(±1.4)††	72.7	(±1.2)††
Nevada	87.0	(±5.2)	70.8	(±6.8)	66.6	(±6.9)	54.8	(±7.3)	49.4	(±7.2)††	61.3	(±7.2)

Abbreviations: MMR = measles, mumps, and rubella vaccine; PCV = pneumococcal conjugate vaccine; HepB = hepatitis B vaccine; HepA = hepatitis A vaccine; CI = confidence interval.

* Includes ≥4 doses DTP/DT/DTaP vaccine (diphtheria, tetanus toxoids, and pertussis vaccine; diphtheria and tetanus toxoids vaccine; and diphtheria, tetanus toxoids, and acellular pertussis vaccine), ≥3 doses of poliovirus vaccine, ≥1 dose of any measles-containing vaccine, ≥3 doses of HepB, ≥1 dose of varicella vaccine, and ≥4 doses of PCV. Haemophilus influenzae type b vaccine is excluded.

† Children in the 2010 National Immunization Survey were born during January 2007--July 2009.

§ ≥1 dose of HepB administered between birth and age 3 days.

¶ ≥2 doses HepA and measured among children aged 19--35 months.

** ≥2 or ≥3 doses of rotavirus vaccine, depending on product type received (≥2 doses for Rotarix [RV1] and ≥3 doses for RotaTeq [RV5]).

†† Statistically significant increase in coverage compared with 2009 (p<0.05).

§§ Statistically significant decrease in coverage compared with 2009 (p<0.05).

National Vaccination Coverage among Children Aged 19--35 Months
United States, 2010

TABLE 1. Estimated vaccination coverage among children aged 19--35 months, by selected vaccines and dosages --- National Immunization Survey, United States, 2006--2010*										
Vaccine	2006		2007		2008		2009		2010	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
DTP/DT/DTaP										
≥3 doses	95.8	(±0.5)	95.5	(±0.5)	96.2	(±0.5)	95.0	(±0.6)	95.0	(±0.6)
≥4 doses	85.2	(±0.9)	84.5	(±0.7)	84.6	(±1.0)	83.9	(±1.0)	84.4	(±1.0)
Poliovirus	92.8	(±0.6)	92.6	(±0.9)	93.6	(±0.6)	92.8	(±0.7)	93.3	(±0.7)
MMR ≥1 dose	92.3	(±0.6)	92.3	(±0.9)	92.1	(±0.7)	90.0	(±0.8)	91.5	(±0.7)†
Hib§										
≥3 doses	93.4	(±0.6)	92.9	(±0.7)	90.9	(±0.7)	83.6	(±1.0)	90.4	(±0.9)†
Primary series	N/A		N/A		N/A		92.1	(±0.8)	92.2	(±0.8)
Full series	N/A		N/A		N/A		54.8	(±1.4)	66.8	(±1.3)†
HepB										
≥3 doses	93.3	(±0.6)	92.7	(±0.7)	93.5	(±0.7)	92.4	(±0.7)	91.8	(±0.7)
1 dose by 3 days (birth)¶	50.1	(±1.1)	53.2	(±1.3)	55.3	(±1.3)	60.8	(±1.3)	64.1	(±1.3)†
Varicella ≥1 dose	89.2	(±0.7)	90.0	(±0.7)	90.7	(±0.7)	89.6	(±0.8)	90.4	(±0.8)
PCV										
≥3 doses	86.9	(±0.8)	90.0	(±1.0)	92.8	(±0.6)	92.6	(±0.7)	92.6	(±0.8)
≥4 doses	68.4	(±1.1)	75.3	(±1.3)	80.1	(±1.1)	80.4	(±1.2)	83.3	(±1.0)†
HepA (≥2 doses)**	N/A		N/A		40.4	(±1.2)	46.6	(±1.4)	49.7	(±1.4)†
Rotavirus††	N/A		N/A		N/A		43.9	(±1.4)	59.2	(±1.4)†
Combined series										
4:3:1:3:3:1§§	76.9	(±1.0)	77.4	(±1.1)	76.1	(±1.1)	69.9	(±1.2)	74.9	(±1.2)†
4:3:1:3:3:1 with Hib excluded	77.6	(±1.0)	78.3	(±1.1)	78.7	(±1.1)	77.5	(±1.1)	77.8	(±1.1)
4:3:1:3:3:1:4¶¶	60.1	(±1.2)	66.5	(±1.3)	68.4	(±1.2)	63.6	(±1.2)	70.2	(±1.3)†
4:3:1:3:3:1:4 with Hib excluded	60.4	(±1.2)	67.0	(±1.3)	70.6	(±1.2)	70.5	(±1.2)	72.7	(±1.2)†
Children who received no vaccinations	0.4	(±0.1)	0.6	(±0.1)	0.6	(±0.2)	0.6	(±0.1)	0.7	(±0.2)

Abbreviations: CI = confidence interval; DTP/DT/DTaP = diphtheria, tetanus toxoids, and pertussis vaccine; diphtheria and tetanus toxoids vaccine; and diphtheria, tetanus toxoids, and acellular pertussis vaccine; MMR = measles, mumps, and rubella vaccine; Hib = Haemophilus influenzae type b vaccine; HepB = hepatitis B vaccine; HepA = hepatitis A vaccine; N/A = not available; PCV = pneumococcal conjugate vaccine.

* For 2006, includes children born during January 2003--June 2005; for 2007, children born during January 2004--July 2006; for 2008, children born during January 2005--June 2007; for 2009, children born during January 2006--July 2008; and for 2010, children born during January 2007--July 2009.

† Statistically significant increase in coverage compared with 2009 ($p < 0.05$).

§ Primary series: receipt of ≥ 2 or ≥ 3 doses, depending on product type received. Full series: receipt of ≥ 3 or ≥ 4 doses, depending on product type received (primary series and booster dose). Hib coverage for primary or full series not available until 2009.

¶ HepB administered between birth and age 3 days.

** HepA coverage not available before 2008.

†† Rotavirus vaccine includes ≥ 2 or ≥ 3 doses, depending on the product type received (≥ 2 doses for Rotarix [RV1] and ≥ 3 doses for RotaTeq [RV5]). Estimates of rotavirus vaccination coverage not available before 2009.

§§ 4:3:1:3:3:1 series, referred to as routine, includes ≥ 4 doses of DTP/DT/DTaP, ≥ 3 doses of poliovirus vaccine, ≥ 1 dose of measles-containing vaccine, ≥ 3 doses of Hib, ≥ 3 doses of HepB, and ≥ 1 dose of varicella vaccine.

4:3:1:3:3:1:4 series, referred to as routine, includes ≥ 4 doses of DTP/DT/DTaP, ≥ 3 doses of poliovirus vaccine, ≥ 1 dose of measles-containing vaccine, ≥ 3 doses of Hib vaccine, ≥ 3 doses of HepB, ≥ 1 dose of varicella vaccine, and ≥ 4 doses of PCV. Beginning in 2011, in accordance with the Healthy People 2020 objectives, the routine series will replace ≥ 3 doses of Hib vaccine with the full series of Hib vaccine (receipt of ≥ 3 or ≥ 4 doses, depending on product type).

TABLE 2. Estimated vaccination coverage among children aged 19--35 months, by selected vaccines and dosages, race/ethnicity,* and poverty level† --- National Immunization Survey, United States, 2010§

Vaccine	Race/Ethnicity												Poverty level			
	White, non-Hispanic		Black, non-Hispanic		Hispanic		American Indian/Alaska Native		Asian		Multiracial, non-Hispanic		Below		At or above	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
DTP/DT/DTaP																
≥3 doses	95.1	(±0.8)	95.3	(±1.6)	95.1	(±1.4)	97.3	(±2.2)	95.7	(±2.9)	92.4	(±3.5)	93.5	(±1.4)	95.7	(±0.7)
≥4 doses	84.5	(±1.3)	83.7	(±2.7)	84.4	(±2.5)	81.8	(±7.5)	88.3	(±4.0)	82.8	(±4.8)	80.8	(±2.2)	86.1	(±1.2)
Poliovirus	93.2	(±0.8)	94.0	(±1.6)	93.8	(±1.6)	94.6	(±3.5)	92.8	(±3.5)	90.2	(±3.9)	92.4	(±1.5)	93.6	(±0.8)
MMR ≥1 dose	90.6	(±0.9)	92.1	(±1.9)	92.9	(±1.6)**	93.4	(±6.3)	91.7	(±3.6)	89.7	(±3.8)	91.3	(±1.6)	91.4	(±0.8)
Hib††																
≥3 doses	90.3	(±1.2)	89.4	(±2.3)	92.0	(±1.7)	93.9	(±3.0)**	85.7	(±5.7)	87.3	(±4.4)	88.1	(±1.8)	91.4	(±1.0)
Primary series	92.3	(±1.1)	90.9	(±2.2)	93.3	(±1.5)	95.7	(±2.7)**	89.0	(±5.3)	90.4	(±3.8)	89.8	(±1.7)	93.4	(±0.9)
Full series	67.5	(±1.6)	65.4	(±3.4)	64.8	(±3.1)	77.1	(±7.4)**	69.5	(±6.8)	70.1	(±5.8)	61.3	(±2.7)	69.7	(±1.5)
HepB																
≥3 doses	91.4	(±0.9)	92.1	(±1.8)	92.5	(±1.7)	97.2	(±2.3)**	91.7	(±3.5)	89.9	(±3.8)	91.5	(±1.5)	92.0	(±0.8)
1 dose by 3 days (birth)§§	63.2	(±1.6)	64.1	(±3.6)	65.5	(±3.1)	71.9	(±9.6)	62.6	(±7.2)	64.4	(±6.4)	67.2	(±2.7)	62.8	(±1.6)
Varicella ≥1 dose	88.9	(±1.1)	91.5	(±2.0)**	92.3	(±1.8)**	95.7	(±2.7)**	92.5	(±3.4)**	88.9	(±3.9)	89.6	(±1.8)	90.6	(±0.9)
PCV																
≥3 doses	92.8	(±0.9)	92.6	(±2.0)	93.4	(±1.8)	94.5	(±3.0)	87.8	(±5.4)	90.6	(±3.8)	91.1	(±1.6)	93.5	(±0.9)
≥4 doses	84.2	(±1.2)	79.7	(±3.0)**	83.9	(±2.3)	85.3	(±5.0)	78.9	(±6.0)	83.0	(±4.7)	78.7	(±2.2)	85.6	(±1.1)
HepA (≥2 doses)	45.8	(±1.6)	48.6	(±3.7)	57.0	(±3.1)**	NA		50.8	(±7.5)	49.8	(±6.6)	51.0	(±2.7)	49.1	(±1.6)
Rotavirus**	60.	(±1.)	52.	(±3.6)	60.	(±3.2)	NA		62.	(±7.0)	57.	(±6.)	51.	(±2.7)	62.	(±1.)

*	2	7)	7	**	5		¶¶		6		7	5)	5)¶	9	6)
Combined series																
4:3:1:3:3:1† ††	73. 6	(±1. 5)	74. 5	(±3.1)	77. 2	(±2.7) **	77.2	(±7.8)	74. 4	(±6.3)	75. 8	(±5. 3)	73. 5	(±2.4)	75. 5	(±1. 4)
4:3:1:3:3:1 with Hib excluded	76. 7	(±1. 4)	77. 4	(±3.0)	79. 4	(±2.7)	78.7	(±7.7)	81. 4	(±4.8)	78. 4	(±5. 1)	76. 2	(±2.3)	78. 5	(±1. 3)
4:3:1:3:3:1: 4§§§	69. 9	(±1. 6)	66. 9	(±3.4)	72. 0	(±2.9)	73.1	(±8.1)	67. 3	(±6.7)	73. 0	(±5. 4)	67. 2	(±2.5)¶	71. 6	(±1. 5)
4:3:1:3:3:1: 4 with Hib excluded	72. 7	(±1. 5)	69. 3	(±3.4)	74. 1	(±2.8)	74.5	(±8.1)	70. 2	(±6.5)	75. 6	(±5. 2)	69. 5	(±2.5)¶	74. 3	(±1. 4)

Abbreviations: CI = confidence interval; DTP/DT/DTaP = diphtheria, tetanus toxoids, and pertussis vaccine; diphtheria and tetanus toxoids vaccine; and diphtheria, tetanus toxoids, and acellular pertussis vaccine; MMR = measles, mumps, and rubella vaccine; Hib = Haemophilus influenzae type b vaccine; HepB = hepatitis B vaccine; HepA = hepatitis A vaccine; N/A = not available; PCV = pneumococcal conjugate vaccine.

* Native Hawaiian or other Pacific Islanders were not included because of small sample sizes.

† Poverty level was determined for all children. Children were classified as below poverty if their total family income was less than the poverty threshold specified for the applicable family size and number of children aged <18 years. All others were classified as at or above poverty. Poverty thresholds reflect yearly changes in the Consumer Price Index. Thresholds and guidelines available at <http://www.census.gov/hhes/www/poverty.html>.

§ Children in the 2010 National Immunization Survey were born during January 2007--July 2009.

¶ Estimates are statistically significant at $p < 0.05$. Children living at or above poverty were the reference group.

** Estimates are statistically significant at $p < 0.05$. Non-Hispanic white children were the reference group.

†† Primary series: receipt of ≥ 2 or ≥ 3 doses, depending on product type received; full series: primary series and booster dose includes receipt of ≥ 3 or ≥ 4 doses depending on product type received.

§§ HepB administered between birth and age 3 days.

¶¶ Estimate not available if the unweighted sample size for the denominator was <30 or CI half width / estimate >0.588 of CI half width >10.

*** Includes ≥ 2 or ≥ 3 doses, depending on product type received (≥ 2 doses for Rotarix [RV1] and ≥ 3 doses for RotaTeq [RV5]).

††† 4:3:1:3:3:1 series includes ≥4 doses of DTP/DT/DTaP, ≥3 doses of poliovirus vaccine, ≥1 dose of measles-containing vaccine, ≥3 doses of Hib, ≥3 doses of HepB, and ≥1 dose of varicella vaccine.

§§§ 4:3:1:3:3:1:4 series includes ≥4 doses of DTP/DT/DTaP, ≥3 doses of poliovirus vaccine, ≥1 dose of measles-containing vaccine, ≥3 doses of Hib, ≥3 doses of HepB, ≥1 dose of varicella.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to MMWR readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites. URL addresses listed in MMWR were current as of the date of publication.

Table data can be found at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6034a2.htm?s_cid=mm6034a2_w

Vaccine-Preventable Diseases, May 2009 ACIP: Advisory Committee on Immunization Practices

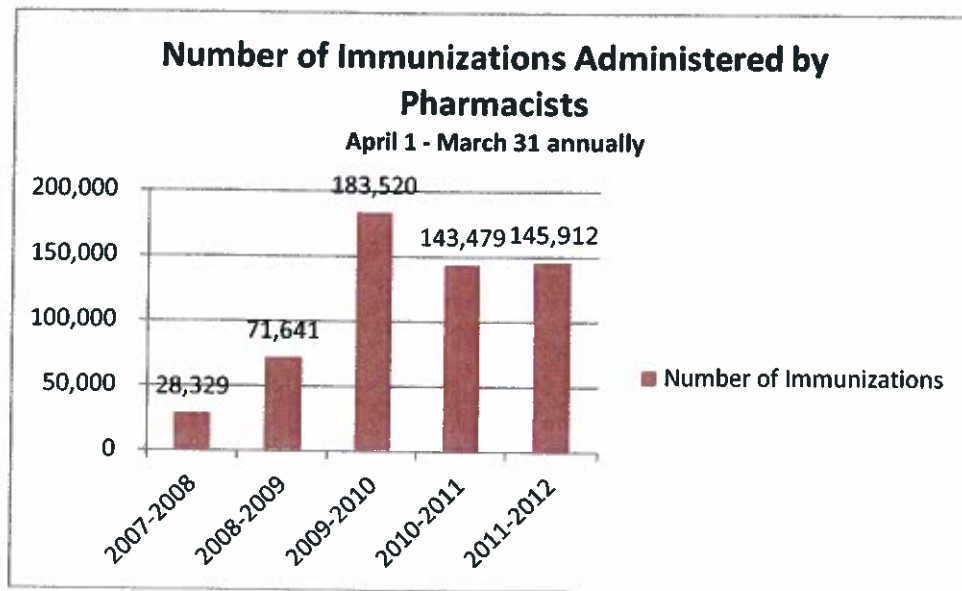
Anthrax	Lyme Disease	Rotavirus
Cervical Cancer (Human Papillomavirus)	Measles	Rubella (German Measles)
Diphtheria	Meningococcal	Shingles (Herpes Zoster)
Hepatitis A	Monkeypox (Smallpox vaccine used)	Smallpox
Hepatitis B	Mumps	Tetanus (Lockjaw)
<i>Haemophilus influenzae</i> type b (Hib)	Pertussis (Whooping Cough)	Typhoid
Human Papillomavirus (HPV)	Pneumococcal	Tuberculosis (TB)
Influenza (Flu) / H1N1 swine flu	Poliomyelitis (Polio)	Varicella (Chickenpox)
Japanese encephalitis (JE)	Rabies	Yellow Fever

Table Data can be found at: <http://www.cdc.gov/vaccines/vpd-vac/default.htm>

PHARMACIST ADMINISTERED IMMUNIZATIONS

The following table is the most accurate data available on immunizations administered by pharmacists in the time frame of this report (April 1, 2011– March 31, 2012).

Vaccines	
Diphtheria	3
Hepatitis A	120
Hepatitis B	126
[Hepatitis A Inactivated & Hepatitis B (Recombinant) Vaccine] TWINRIX ®	38
Herpes Zoster (shingles)	8,585
HIB (Haemophilus influenza type b)	
HPV (Human Papillomavirus)	163
Influenza(includes nasal)	133,182
Japanese encephalitis (JE)	
Measles Mumps Rubella (MMR)	67
Meningococcal diseases	61
Pneumococcal diseases	1,465
Polio	
Rabies	
Rotavirus	
Rubella	
Smallpox	
Tetanus	78
Tetanus/Diphtheria Td	1
Tetanus-Diphtheria-Pertussis Tdap	1,899
Typhoid (oral)	51
Varicella (chickenpox)	42
Yellow Fever	
Other	31
Total doses administered	145,912



Note: In the 2009-2010 flu season the H1N1 vaccine was a separate vaccine from the seasonal influenza vaccine.

ADVERSE DRUG REACTIONS

Less than a dozen adverse reactions were reported. The adverse reactions reported were normal reactions associated with a local injection. These included soreness at the site of injection.

CENTRALIZED RECORDKEEPING

LCB file R115-08 adopted by the Board made changes to reporting requirements under NAC 639.2976. These changes simplified the reporting requirements, requiring only reporting to the Immunization Information System established by the Department of Health and Human Services.

This data may be entered electronically directly into WebIZ or manually through the use of a written form. In addition to mandatory reporting as of July 1, 2009, all providers must give both children and adults a form that explains the purpose of the registry and allows them to opt-out of inclusion in the registry.

NRS 439.265: Reporting vaccinations to Nevada WebIZ

Effective January 28, 2010 all ACIP recommended vaccinations administered to children and adults must be recorded in Nevada WebIZ. This means that patients of all ages who receive a vaccination must be entered in Nevada WebIZ. Some providers have thought that the law only applies to VFC (Vaccines for Children) vaccines. The law requires entry for all vaccines, regardless of purchase method.

Individuals may “opt-out” by completing the Participation Form and the provider must mail or fax the form to the WebIZ program.

Go to the “Reports/Forms” page in Nevada WebIZ to download and study the new regulations, forms & instructions.

http://health.nv.gov/Immunization/WebIZ/Policies_Forms.htm

The text of the regulation (R094-09A) can also be found at:

http://leg.state.nv.us/register/indexes/2009_NAC_REGISTER_NUMERICAL.htm

WebIZ contact information

<http://health.nv.gov/Immunization/ContactUs.htm#WebIZContact>

IMMUNIZATION CHANGES/RECOMMENDATIONS

- Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010 (August 6, 2010).
- Who should get vaccinated?
 - All persons aged ≥ 6 months should be vaccinated annually.
 - • Protection of persons at higher risk for influenza-related complications should continue to be a focus of vaccination efforts as providers and programs transition to routine vaccination of all persons aged ≥ 6 months.
 - • When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
 - – are aged 6 months–4 years (59 months);
 - – are aged ≥ 50 years;
 - – have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
 - – are immuno-suppressed (including immuno-suppression caused by medications or by human immunodeficiency virus);
 - – are or will be pregnant during the influenza season;
 - – are aged 6 months–18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection;
 - – are residents of nursing homes and other chronic-care facilities;
 - – are American Indians/Alaska Natives;

- – are morbidly obese (body-mass index ≥ 40);
- – are health-care personnel;
- – are household contacts and caregivers of children aged <5 years and adults aged ≥ 50 years, with particular emphasis on vaccinating contacts of children aged <6 months; and
- – are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.
- This represents an expansion of the previous recommendations for annual vaccination of all adults aged 19–49 years and is supported by evidence that annual influenza vaccination is a safe and effective preventive health action with potential benefit in all age groups.
- By 2009, annual vaccination was already recommended for an estimated 85% of the U.S. population, on the basis of risk factors for influenza-related complications or having close contact with a person at higher risk for influenza-related complications. The only group remaining that was not recommended for routine vaccination was healthy non-pregnant adults aged 18–49 years who did not have an occupational risk for infection and who were not close contacts of persons at higher risk for influenza-related complications.

Advisory Committee for Immunization Practices (ACIP) updated recommendations can be found at: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Nevada State Health Division Technical Bulletin

Summary of Nevada Immunization Requirements for Public and Private School Attendance Bureau/Program: Bureau of Child, Family and Community Wellness/Immunization Program

Bulletin #: BCFCW-IZ-03-11

Date: June 1, 2011

To: Immunization Providers, School Nurses, County Health Officers, School District Administrators, Boards of Trustees of School Districts, and Private School Officials

Contact: Erin Seward (775) 684-3209

The new immunization requirements will go into effect for all K-12 students new to the school districts beginning with the 2011-2012 school year.

Changes going into effect are:

- ☑ Polio Vaccine - 1 dose of Polio Vaccine is required after the child's 4th birthday. If a 4th dose is provided prior to the 4th birthday, it is invalid.
- ☑ Varicella Vaccine - Second dose of Varicella is required.
- ☑ These new requirements are for children new to a school district. This includes children enrolling in school for the first time (kindergarten) and children who have moved from a different school district (within Nevada and to Nevada).
- ☑ ACIP's recommended ages and intervals between doses of routinely recommended vaccines are required for school entry.

- ☐ Utilize ACIP's recommended minimum age and intervals when a child is behind on required immunizations.
 - ☐ Doses are only valid if they follow the ACIP's recommended ages and intervals (for "on time" or "behind" children).
 - ☐ A medical exemption requires a contraindication or precaution to the receipt of a given vaccine.
- Prior to administering any vaccine, review and understand the complete manufacturer literature.

CONCLUSION

In addition to increasing accessibility and with the changing recommendations increasing the number of individuals who should be immunized, the burden on other healthcare professionals is reduced by allowing and encouraging pharmacists to participate in immunization administration. As changes are made to NRS 439.265 and NAC 639.297, healthcare providers administering immunizations must be aware of new or updated recordkeeping requirements as well as changes with regards to the current recommended age and other requirements for vaccines the healthcare provider administers.

Website Information:

CDC :

Immunization schedules

<http://www.cdc.gov/vaccines/recs/schedules/default.htm>

Advisory Committee for Immunization Practices (ACIP) Recommendations

<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Nevada State Health Division:

WebIZ contact information

<http://health.nv.gov/Immunization>ContactUs.htm#WebIZContact>

Nevada Immunization Coalition

<http://www.immunizenevada.com>

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RESPONDING TO UNLICENSED HEALTH CARE IN NEVADA:

A Plan for Action

DRAFT

6/1/2012

A Report to Nevada Attorney General Catherine Cortez-Masto,
The Nevada Public Health Foundation and
The Nevada State Health Division
By Frankie Sue Del Papa

INTRODUCTION

In response to a significant number of illegal surgeries, other unlicensed health care, and incident reports, including death, primarily in Nevada's Latino community, the Nevada State Health Division initiated a statewide review. This led to a partnership opportunity between the Nevada Attorney General's office and the Nevada Public Health Foundation. In turn, the Latino Research Center at the University of Nevada Reno, was tasked with creating a cultural awareness program to inform the community about this problem and create educational materials to address this issue in Nevada. Former Nevada Attorney General, Frankie Sue Del Papa, was asked to assist in the formation of a task force of stakeholders including among others, representatives of Nevada's Health and Law Enforcement communities, the Mexican Consulate, Congressional delegation staff, the Ombudsman of Consumer Affairs, and a host of other interested individuals to identify challenges, solutions, a timeline and implementation route to better address this issue in Nevada. The Ad Hoc Unlicensed Health Care Task Force met three times to discuss the resources available in Nevada to address the steps needed to combat unlicensed health care practices. The video teleconferenced meetings were held February 28, 2012, March 28, 2012, and April 24, 2012. Minutes of the meetings are available upon request. In addition, relevant information and best practices being used throughout Nevada and the country were reviewed and analyzed over six months.

This Action Plan is a result of this process.

SCOPE OF THE PROBLEM

What is occurring in Nevada is also occurring in many other states. Florida appears to be the most advanced in meeting the challenge of unlicensed health care, in that Florida has a comprehensive unlicensed activity (ULA) program as a part of its Division of Medical Quality Assurance within the Florida Department of Health. California has also been very active in this regard. There is an Enforcement Unit within their Medical Board. Some of their activities have been curtailed due to resource challenges. Information regarding activities in other states is limited has been difficult to obtain.

Florida's program is funded by a \$5 per health licensee initial and renewal fee which funds efforts to combat unlicensed activity.

A copy of Florida's ULA Program can be found at [insert hyperlink](#). (Health Division tech is still working on getting this placed on the website).

A member of the Task Force, third year Boyd School of Law student (now graduate), Jason Bacigalupi, participated and completed a legal overview of the issue and a 50 State Statutory Review. The 50 State Statutory Review can be found at:

http://health.nv.gov/PDFs/unlicensedMedicalActivity/Table_of_Medical_Practice_Acts.pdf

The legal overview titled *A Uniform Approach to the Unlicensed Practice of Medicine* can be found at:

http://health.nv.gov/PDFs/unlicensedMedicalActivity/A_UniformApproachtotheUnlicensedPracticeofMedicine.pdf

The public health mission is about shaping change that yields healthier lives in healthier communities. Dr. Tracey Green, State Health Officer articulated the inherent complexities regarding cultural differences and access to care and the fact that there is no single cause or single solution regarding unlicensed health care in Nevada.

There were many concerns expressed about under reporting of unlicensed activity, as well as fear of reporting. One major step forward for Nevada is the Nevada Health Division's enhanced efforts regarding reporting of unlicensed health care. Nevada 2-1-1 agreed to make its services available to take reports regarding unlicensed health care activity. Calls or texts to 2-1-1 are fast, convenient and confidential. An explanation of Nevada 2-1-1 reporting can be found at:

http://health.nv.gov/PDFs/unlicensedMedicalActivity/2-1-1_InstructionsandInformation.pdf

A significant number of entities from Nevada's Health Care Community were helpful in the process discussed herein and are engaged and mindful of the role they can play in responding to the issue of unlicensed care. Of particular note were the efforts of the Pharmacy Board which regularly participates in multi-agency projects and provides cross training, the Nevada State Board of Dental Examiners which has an outstanding lengthy record of investigating and otherwise handling unlicensed care, as well as the Cosmetology Board which gave some particularly thoughtful insights and recommendations.

Brett Kandt, Executive Director of Nevada's Prosecution Advisory Council and Special Deputy Attorney General, along with the Las Vegas Metropolitan Police Department deserve special recognition regarding this project. They have worked with other members of Nevada's Law Enforcement Community in participating in the task force process and discussing new legislation to be proposed during the 2013 Nevada Legislative Session. They have also been instrumental in outreach to Nevada's Sheriffs and Chiefs, the District Attorney's Association, and other officials at the local, state and federal levels. The proposed legislation can be found at:

<http://health.nv.gov/PDFs/unlicensedMedicalActivity/UnlicensedHealthcareLegislation.pdf>

A copy of the Complaint Flow Chart can be found at:

<http://health.nv.gov/PDFs/unlicensedMedicalActivity/CJSFlowChart.pdf>

A copy of the Homeland Security Tip Line Process can be found at:

http://health.nv.gov/PDFs/unlicensedMedicalActivity/HSI_TipLineBrochure.pdf

The work of the Latino Research Center at the University of Nevada Reno has been invaluable in addressing the issue of unlicensed care and of providing access to resources. A compilation of the body of their efforts including key recommendations can be found in their final report at:

<http://health.nv.gov/PDFs/unlicensedMedicalActivity/LatinoResearchCenterFinalReport.pdf>

Copies of the media materials which include posters and brochures related to, “NO a los Medicos Clandestinos!” can be found at: <http://health.nv.gov/unlicensedmedactivity.htm>

Most importantly, the so-called “Latino Master List,” was developed to identify those organizations and individuals in the Latino Community interested and engaged in this issue and can be found at: <http://health.nv.gov/unlicensedmedactivity.htm>

DEMOGRAPHICS

It is important to understand the scope of the problem in relation to relevant demographics, both on the state and national levels. Data from the 2010 Census provide insights to our ethnically diverse nation. More than half the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Hispanic population.

Nevada’s diverse Hispanic population was reported to be 716,501 or 26.5 percent of the total population in the 2010 Census. It grew from 393,970 or 19.7 percent in 2000.

State and National Census data can be found at:
<http://health.nv.gov/unlicensedmedactivity.htm>

ON-GOING EFFORTS

Both the efforts of the Nevada State Health Division and the Nevada Attorney General’s office are to be commended for the commitment and concern shown in initiating and continuing the progress to address unlicensed care in this time of limited resources.

The first recommendation is that the Health Division maintain the momentum (particularly through the next Legislative Session) that has been established regarding this issue by continuing to communicate, collaborate, and cooperate with the so-called Health Community of Nevada, including but not limited to the health related Boards and Commissions, many of whom have already made strides in improving their own ability to respond to the issue.

April is National Minority Health Month and the first week of April is National Public Health Week. These dates should be utilized as a reminder to double back to these issues and to include outreach to Nevada’s Health Community and other interested parties.

The second recommendation is for the Health Division, in concert with Nevada's Health Community to meet periodically to monitor the problem and continue to identify solutions. Periodic outreach to other partners such as the Legislative Hispanic Caucus, the Legislative Health Committees, the Ombudsman of Consumer Affairs and the Commission on Minority Affairs is important. Particular attention to various concerns regarding possible ramifications surrounding the reporting of unlicensed activity is advised.

The third recommendation is for the Health Division and the Attorney General's office, as well as the Nevada Legislature, to support, encourage, and facilitate the Executive Directors of the major health care boards to meet regularly to see how they can best share resources and training as well as discuss on-going efforts to address the issue of unlicensed health care. There is support for having a statute in place to aid a coordinated effort between certain boards and law enforcement as well as support for fining authorization and inclusion where appropriate for boards to obtain remuneration for investigative costs.

The fourth recommendation is for the Health Division and the Attorney General's office to consider supporting legislation giving certain Health Boards and Commissions the authority to conduct unannounced inspections. Supportive legislation giving those boards the authority to issue citations and prosecute violations of the scope of practice when appropriate should also be considered.

The fifth recommendation is for the Health Division and Attorney General's office to reexamine the definition of "direct supervision" between supervising physicians and medical assistants.

The sixth recommendation is for the State Health Officer to annually attend one state-wide meeting of the Sheriffs and Chiefs so as to help keep the lines of communication open between the Health Community of Nevada and the Law Enforcement Community.

The seventh recommendation is for the continued sharing of resources between the urban and rural parts of Nevada. The Las Vegas Metropolitan Police Department deserves recognition for its efforts to share training and information regarding Nevada's immigrant community regarding unlicensed health care in Nevada. Often there are resources available in urban areas that the rural areas do not have. It is also helpful during periodic reviews of policies and training to give attention to the changing demographics of Nevada.

The eighth recommendation is for continued recognition of the important role the Attorney General's office plays in facilitating and coordinating the information flow between local, state and federal law enforcement. The Prosecution Advisory Council plays a crucial role in the alignment of assets and building on shared strengths.

The ninth recommendation is for the Health Division to conduct an annual review of resources available to Nevada's most vulnerable populations and to prepare a report to share with other partners and Nevada's Health Community and media and other entities such as

the Mexican Consulate, Nevada's Congressional delegation and anyone on the frontline of serving Nevada's vulnerable populations.

The tenth recommendation is for the Health Division to stay engaged with Nevada's Faith Community for sharing of information and to keep the lines of communication open to Nevada's Hispanic communities and other vulnerable populations.

The eleventh recommendation is for the Attorney General to share this plan with her colleagues in the National Association of Attorneys General and the Conference of Western Attorneys General, so as to both inform and invite further discussion of this important public policy issue.

The twelfth recommendation is that this plan be distributed to the Nevada Governor's office so it can be shared as appropriate with his colleagues and the staff of the National Governors Association, again to inform and invite discussion. It should be noted that the Governor's office has in the past held meetings with multi-agencies and/or health care boards to discuss ways to address the issue of unlicensed health care and related issues.

CONCLUSION

Nevada's demographics and the incidents that have occurred point to the fact that unlicensed health care is a serious and growing issue. There are also important related issues such as scams regarding immigration services, and the repeatedly mentioned access to care by Nevada's uninsured and under-insured that are beyond the scope of this Action Plan.

However unlicensed health care is an issue that will no doubt be dealt with by the 2013 Legislative Session. Outreach to and involvement with Nevada's Latino Community and those who are trusted to give advice to Nevada's immigrant community is needed if we are to better protect Nevada citizens from unlicensed health providers.

There is no one solution, but the best path going forward includes public-private partnerships and shared resources. A coalition dealing with a related issue used the slogan, "The wrong help can hurt." It is up to all of us who were involved in this process to see to it that positive change continues to occur and to remember that a victim is a victim is a victim and that illegal health care is against the law.

Notes:

There are many people who have contributed to this project. Special acknowledgements are due to Jean Kvam from the Health Division for her enthusiasm and dedication and also Drew Bradley from the Latino Research Center for her hard work and caring. Nevada's Attorney General, Catherine Cortez-Masto also deserves mention for her leadership and for funding this project.

Anyone who has questions, comments, or suggestions can direct them to Frankie Sue DelPapa, renofsdp@aol.com 775-322-1323.

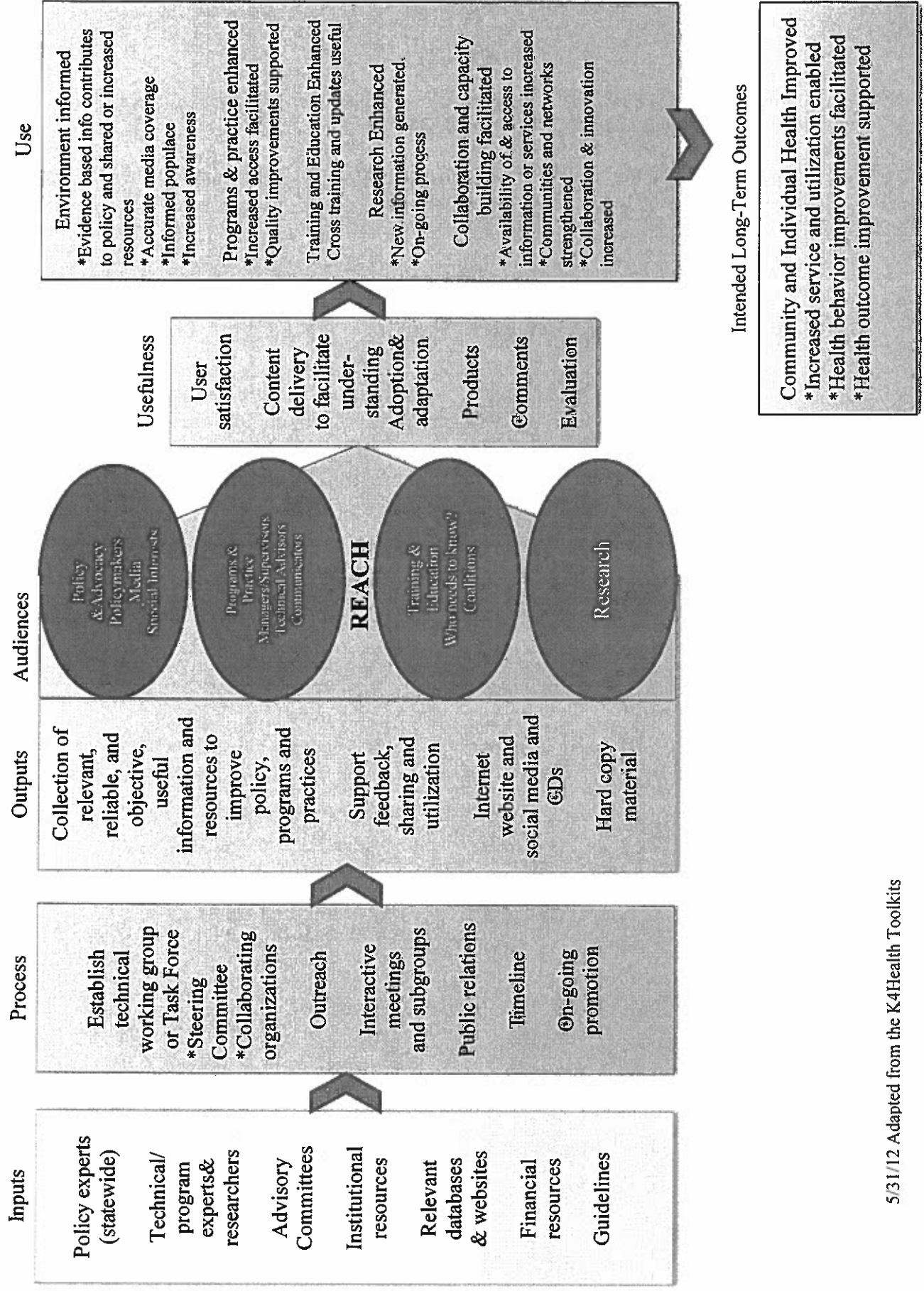
The final draft of this plan will be done by June 30, 2012. A short follow up evaluation will be done following the 2013 Legislative Session.

ACTION PLAN CONCEPT AND TOOLKIT AT A GLANCE

A *Toolkit At a Glance* is attached as a summary outline that discusses how to develop an Action Plan, represented through a conceptual framework chart outlining the steps necessary to develop a plan addressing the problems and or challenges of a public health issue. The Toolkit is useful in facilitating and creating a process to address any number of matters and to bring about public-private partnerships.

ACTION PLAN CONCEPT AND TOOLKIT AT A GLANCE

Conceptual framework for producing a Toolkit to address the problem and/or challenges of public health issues.





NABP
NATIONAL ASSOCIATION OF
BOARDS OF PHARMACY



Pharmacist Assessment for Remediation Evaluation

Exam Cost

The fee for the PARE is \$250 payable to NABP. MasterCard, Visa, and American Express are accepted means of payment. Payment confirmation will be e-mailed from NABP.

Registering for the PARE

You will not be able to register until your board notifies NABP. After NABP is notified and receives your information, the board will direct you to contact the NABP Customer Service department to verify the information that has been received and register for the PARE.

When contacting NABP to register for the PARE, please have the following information available:

1. Name
2. Address
3. Phone number
4. Date of birth
5. Social Security number
6. E-mail address
7. Corresponding board of pharmacy
8. Credit card information

Upon registration, NABP will provide you with a link to the *PARE Examinee Handbook* and instructions for downloading the WebLock browser, as appropriate.

Scheduling

To schedule a testing session for the PARE after you have registered with NABP, contact the board of pharmacy for instructions on the date, time, and location of your examination.

Testing Dates

The PARE will be administered in a two-week testing window approximately four times per calendar year. The next four testing windows will be:

- June 11, 2012 – June 22, 2012
- August 13, 2012 – August 24, 2012
- September 10, 2012 – September 21, 2012
- November 5, 2012 – November 16, 2012

Computerized Testing

The PARE is a Web-based examination administered via computer. The board of pharmacy will decide whether to allow the examinee to use his or her own laptop for testing or supply a laptop/desk-top.

For security purposes, NABP uses a special WebLock browser that prevents access to applications other than the PARE. If the board allows examinees to use their own laptop to take the PARE, NABP will provide a link to the lockdown browser prior to the exam date. Instructions regarding installation and troubleshooting potential technical issues will also be provided.

The WebLock browser should be installed at least one day prior to the assessment day. Downloading the browser ahead of time will not impair the performance of any applications on the computer.

Required Forms

Upon Registration, NABP will provide the registrant with a link to the PARE Examinee Handbook, which contains details about the processes and procedures on the test day as well as the Authorization/Release and Confidentiality Agreement. On the day of the exam, the examinee must provide the proctor with a signed Authorization/Release and Confidentiality Agreement before he or she can take the PARE.

Score Information

To pass the PARE, you must achieve an overall score of at least 80 as well as a minimum score of 75 in each of the three content areas. Scores are calculated as proportion correct and are reported to examinees as Pass/Fail. In the case of a Fail, the score report will include the overall score and performance in each of the three content areas.



ISMP Medication Safety Alert!® Acute Care

May 3, 2012 ■ Volume 17 Issue 3

NAN ALERT

NAN Alert distributed. The **National Alert Network (NAN)** was activated last week (April 25) to address proper disposal of transdermal fentaNYL systems (fentaNYL patches). The alert (www.ismp.org/NAN/files/NAN-2012-0425.pdf) was distributed after a report was sent to the ISMP National Medication Errors Reporting Program by the mother of a 2-year-old boy who accidentally gained access to a used fentaNYL patch while visiting his great-grandmother in a nursing home. The boy suffered a respiratory arrest after the visit and could not be resuscitated. The medical examiner found a fentaNYL patch in the boy's throat, and investigators later found improperly discarded used patches at the nursing home. The alert reiterated proper storage and disposal (flush down the toilet) of fentaNYL patches both in the home as well as in nursing homes and hospitals.

SafetyBriefs

Gimme "da heparin." An interesting dispensing error happened when an order (pictured below) for the low molecular weight heparin product dalteparin was read as heparin. A physician wrote an order for dalteparin 15,000 units (yes, "u" for units was also used) subcutaneously daily but the order was misinterpreted as heparin after it was faxed to a community pharmacy. The patient received 15,000 units of unfractionated heparin for several doses until the error was identified during a follow-up doctor's visit. According to a transmission log, the order was transmitted correctly from the hospital. It is unclear whether the letters D and A simply went unseen or if the fax machine somehow cut off the letters.



*dalteparin 15000u
15000u SQ QD*

Proper use of single-dose vials. The Centers for Disease Control and Prevention (CDC) recently restated a position statement, "Protect Patients Against Preventable Harm from Improper Use of Single-dose/Single-use Vials" (www.cdc.gov/injectionsafety/CDC-position-SingleUseVial.html). The position

continued on page 2 — SafetyBriefs ▶

Cheers honoree's acceptance speech creates pause for reflection

Looking back at the *ISMP Medication Safety Alert!* newsletters over the past few years, many topics of great importance to patient safety have repeatedly surfaced, but perhaps none as ominous as the ongoing drug shortage crisis and unsafe sterile compounding and preparation of pharmaceutical products. Both issues recently resurfaced in our March 22, 2012 newsletter, as we discussed the results of our survey on drug storage, stability, compatibility, and beyond use dating of pharmaceuticals.

The survey uncovered unnecessary waste of drugs during severe shortages when complying with the manufacturer's compatibility, stability, and beyond use dating instructions (if available)—as the Centers for Medicare & Medicaid Services (CMS) currently requires—even if there is newer evidence-based information in nationally recognized compendia such as *Trissel's 2 Clinical Pharmaceutics Database* or *Handbook on Injectable Drugs* that would safely conserve these drugs. The survey also confirmed that products in short supply have been compounded in hospital, retail, and specialty pharmacies, which has led to serious infection outbreaks due to sterility breaches and other preparation errors. Pharmacists also reported that nurses have been asked to prepare IV admixtures in patient areas due to short stability and beyond use dating in the manufacturer's directions when more liberal stability and beyond use dating in compendia would allow pharmacy preparation:

As we reported last month, CMS is currently exploring the issue of allowing pharmacists to follow newer evidence-based information about drug storage, stability, compatibility, and beyond use dating found in recognized compendia or published research. Yet, our most recent **ISMP Lifetime Achievement Award**

recipient (and compendia author) **Lawrence A. Trissel**, BS Pharm, FASHP, pointed out a problem with this otherwise promising safety effort: other than minimal pre-market testing by product manufacturers, fewer and fewer studies on drug storage, stability, compatibility, and beyond use dating are being conducted in the US. Trissel noted, "Over the last 20 or 25 years, this entire area of study and research has undergone a transformation in the US, withering into near non-existence." Without ongoing studies, key product information that could promote safer pharmaceutical compounding, reduce medication errors, and lessen the impact of drug shortages is becoming quite scarce.

During his acceptance speech in December 2011 at the **ISMP Cheers Awards** gala, Trissel first shared his observation that the transformation of pharmacy education and practice into a clinical profession was crucial, and that we should all applaud the increased clinical roles that pharmacists are now playing, and the positive impact on patient safety that it can represent. But he went on to say that, in the rush to revolutionize the future of pharmacy, traditional pharmacy elements of value and need have been abandoned.

For one, he said, "New pharmacy graduates have been shortchanged regarding needed traditional skills in pharmaceutical mathematics, pharmaceutical compounding and preparation, and an adequate understanding of the basics of pharmaceutical chemistry and clinical pharmaceutics as well as with their application to direct patient care. From repeated episodes of pharmacy contamination of supposedly sterile preparations, to failure to recognize calcium phosphate precipitation in parenteral nutrition (PN) admixtures, to use of decomposed drugs, to failure to consider the impact of parenteral drug solution's osmotic pressure, and all too many other cases,

continued on page 2 — Reflection ▶

SafetyBriefs continued from page 1
statement was created in response to ongoing questions and misinformation about CDC's injection safety guidance, and ISMP has communicated its support. Of timely concern is a document circulated by The American Society of Interventional Pain Physicians that advocates use of single-dose vials for multiple patients (www.ismp.org/sc?id=68). The group contends that CDC guidelines contribute to drug shortages and increased medical costs. CDC noted, and we agree, that it is imperative that drug shortages and drug waste concerns are dealt with appropriately and do not lead to unsafe medical practices that impose increased disease risk on patients.

Do you know what drugs are present on your nursing units?

In a hospital that performs organ transplants, a 20,000 units/mL heparin vial was found in the hospital's operating room (OR) even though the hospital never purchased or distributed such a product, after it was felt to be an unsafe and an unnecessary concentration to stock. After much investigation, it was found that an organ harvesting team had brought it into the medical center, intending to use it during the case. However, it went unused and was left in the OR. In another organization, a hospital-contracted renal transplant service left sodium chloride 23.4% on several nursing units where they often brought in portable hemodialysis machines. Sodium chloride 23.4% was sometimes used to reduce cramping during hemodialysis. We wrote about a similar event, first in 2005 and then in 2010 (www.ismp.org/newsletters/acute/acute/articles/20100408-1.asp), in which a transplant team left behind a bag of ViaSpan cold storage solution, which turned up in the pharmacy return bin because it looked so much like an IV solution bag. Inadvertent IV administration of the solution would almost certainly cause cardiac arrest due to the high potassium content (about 125 mEq/L). Serious medication errors often involve an unfamiliar product, so this is not a minor issue. Situations like this are one reason that pharmacy staff must take monthly nursing unit reviews seriously. When outside groups contract to provide services, hospital leadership must notify the pharmacy director to ensure that the medications and dosage forms that might be used are reviewed and agreed upon by the pharmacy. At that time, alternative products may be discussed and/or arrangements made to securely store products normally unavailable at the hospital.

Reflection continued from page 1
patients have repeatedly been injured and killed because of the inadequacy of this traditional drug knowledge in practice."

Next, Trissel noted that the changes that were envisioned while moving pharmacy into a more clinical role were not intended to eliminate drug stability and compatibility research, but in the US, that has indeed been one outcome. He said, "Pharmacy students, including PharmD candidates, used to be frequent sources of new clinical pharmaceuticals research, especially under the guidance of academic mentors. Unfortunately, few schools of pharmacy and their students conduct such laboratory research projects anymore." In fact, Trissel reported that, at the December 2011 American Society of Health-System Pharmacists Midyear Clinical Meeting, the largest pharmacy meeting in the world, there were only three poster presentations on drug stability and compatibility. According to Trissel, virtually no support for this kind of laboratory research has come from the research foundations of major pharmacy organizations, even though the immediate applicability of the information to the clinical care setting is well recognized. "Apparently, drug stability and compatibility research has not been deemed sufficiently worthy of their support," said Trissel.

If you doubt the impact that this deemphasis of clinical pharmaceuticals has had, consider the amount of new research studies published to support the clinical care of patients. In 1991 and 1992 there were 245 newly published clinical pharmaceuticals research articles incorporated into the 7th edition of Trissel's *Handbook on Injectable Drugs*. Most of the studies came from US researchers in academia, pharmacy practice, and pharmacy students performing laboratory-based research. Twenty years later, Trissel noted that the upcoming 17th edition of the *Handbook on Injectable Drugs* (his last) will incorporate less than 45 new research articles, most from foreign researchers. In the last 20 years, there has been more than an 80% decline in new research studies of drug compatibility and stability.

Trissel believes clinical pharmaceuticals research is viewed by much of the present day pharmacy profession as an activity outside of the profession. He said, "In past decades, things were very different. This kind of laboratory-based research was considered of value to patient care by the pharmacy profession. But now, the changes in pharmacy education and practice have led to the point that drug stability and compatibility research is just about dead. It is not as if the pharmacy profession in the US has 'dropped the ball'; it is as if the team abandoned the field and walked away."

Trissel concluded his acceptance speech by challenging the audience: "Whose job is it to protect patients from harm from drug instabilities and incompatibilities and other aspects of clinical pharmaceuticals? Nurses and physicians? Not likely. Drug companies or the FDA? Even less likely. If not pharmacists, the self-declared drug experts, then who? If the pharmacy profession in the US abandons it, what does that say about pharmacy schools, pharmacy professional institutions and associations, and pharmacy practitioners?"

ISMP supports and honors **Lawrence Trissel** and his remarkable lifetime achievements in the field of drug stability and compatibility and, ultimately, patient safety. He has created the largest electronic clinical pharmaceuticals database of its kind. We agree that drug stability and compatibility testing is important to patient care and safety, and that a way needs to be found for traditional concepts and skills, including clinical pharmaceuticals, to be reintroduced and reemphasized in both pharmacy education and practice before these skills are lost. We worry about who will step up to the plate to fill the immense void at the end of Trissel's long career. We hope the pharmacy community and others will help spark interest again in clinical pharmaceuticals among pharmacy students and practitioners, and to promote graduate work in pharmaceuticals to reinforce the importance and relevance of this research to clinical care needs and safety. And, as Trissel aptly noted, "This needs to be done while maintaining the gains in clinical skills and practice that have been won."



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News Release [\[printer-friendly version\]](#)

FOR IMMEDIATE RELEASE

Date: May 11, 2012

Contact: Rich Isaacson

Number: (313) 234-4310

Omnicare in \$50 Million Settlement- Largest Controlled Substance Settlement in History

—Controlled Substances Allegedly Improperly Dispensed at Nursing Homes—

May 11 (Cleveland) The Justice Department has reached a settlement with Omnicare, Inc. in which the company will pay a \$50 million civil penalty to resolve claims its various pharmacy facilities improperly dispensed controlled substances to patients at long-term care facilities across the country, said Drug Enforcement Administration Administrator Michele M. Leonhart and Steven M. Dettelbach, United States Attorney for the Northern District of Ohio.

DEA Administrator Leonhart said: This case highlights the responsibilities of pharmacists, doctors and others when prescribing or dispensing controlled substances. DEA is committed to protecting the public health and safety by ensuring that those involved in dispensing prescription medications adhere to their responsibilities, and today's fine demonstrates what can happen when they fail to comply with the law."

Federal law provides that doctors, not pharmacies, are the ones who must prescribe these highly controlled substances," said Dettelbach. These laws and regulations are designed to balance the need to provide for patients while preventing misuse. This case demonstrates the need to follow those rules closely throughout the industry."

The settlement resolves civil penalty claims made by the Justice Department against Omnicare that the company violated the Controlled Substances Act between 2007 and the present by:

- Routinely dispensing controlled substances to residents of long-term facilities without a prescription signed by a practitioner.
- In a limited emergency situation, dispensing controlled substances without an oral prescription called in by a practitioner.
- Dispensing controlled substances to residents of long-term facilities from prescriptions missing essential elements, such as drug name, dosage, strength, quantity, DEA registration number and practitioner's name.
- Not properly documenting partially filled prescriptions thus preventing DEA from conducting an audit.

Omnicare is the nation's leading provider of pharmaceutical care for seniors, serving on a daily basis an estimated 1.4 million residents of skilled nursing, assisted living and other healthcare facilities in 50 states and the District of Columbia.

Federal law and regulations clearly prohibit long-term care pharmacies such as Omnicare from dispensing controlled substances without a valid prescription signed by a physician ordering the medication. In limited emergency circumstances, applicable law and regulations provide a special procedure for a prescribing practitioner to call in an oral prescription directly to the pharmacy, followed up within a week by a signed written prescription. Yet Omnicare has routinely accepted facility medical chart orders, oral orders from facility staff and other substitute documents and procedures as bases to dispense controlled substances, instead of requiring signed prescriptions or oral prescriptions directly from the prescribing physician.

These practices are all-too-prevalent in the long-term care industry and are a violation of federal law,"

Dettelbach said. With today's settlement, we hope Omnicare will lead industry-wide efforts to establish controls over the dispensation of controlled substances to the elderly."

The two sides reached an agreement designed to avoid protracted litigation on these claims.

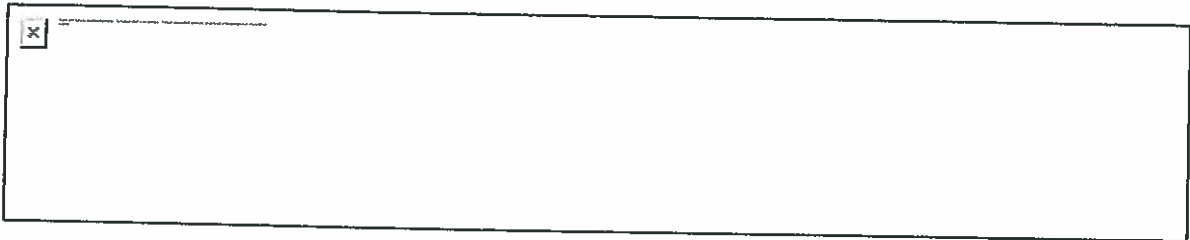
The settlement was reached by the United States Attorney's Office for the Northern District of Ohio with assistance from the Department of Justice Criminal Division's Narcotic and Dangerous Drug Section, following an investigation by the DEA's Cleveland office.

Under the terms of the agreement, Omnicare will pay \$50 million to the Office of the United States Attorney for the Northern District of Ohio. This settlement covers any claims across the country. The DEA, in turn, agreed to refrain from instituting, directing, or maintaining any administrative action, including denial, suspension or revocation of Omnicare's registration.

###

Carolyn J. Cramer

From: U.S. Drug Enforcement Administration [dea@govdelivery.com]
Sent: Tuesday, May 15, 2012 2:29 PM
To: Carolyn J. Cramer
Subject: DEA Suspends for Two Years Pharmaceutical Wholesale Distributor's Ability to Sell Controlled Substances from Florida Facility



FOR IMMEDIATE RELEASE

Contact: DEA Public Affairs

(202) 307-7977

Press Release

DEA Suspends for Two Years Pharmaceutical Wholesale Distributor's Ability to Sell Controlled Substances from Florida Facility

May 15 – Arlington, VA. The Drug Enforcement Administration (DEA) announced today a settlement agreement with **Cardinal Health**, a pharmaceutical wholesale distributor headquartered in Dublin, Ohio, that suspends for two years its ability to sell controlled-substance (CS) medications from its Lakeland, Florida, distribution facility. The settlement also includes a signed Administrative Memorandum of Agreement (MOA), the terms of which will apply to all of Cardinal's 28 registered distribution facilities. In the agreement, Cardinal admits that its due diligence efforts for some pharmacy customers and its compliance with an earlier MOA signed in 2008 for similar violations at the same facility were, in certain respects, inadequate. The terms of the agreement of this settlement represent a complete resolution of this administrative matter; however, the MOA expressly reserves the right for DEA to pursue civil penalties. The obligations in this MOA remain in full force and effect for a period of five years unless DEA agrees in writing to an earlier termination.

"The Drug Enforcement Administration is committed to battling the prescription drug abuse epidemic in this country at all levels, from corporate America to pill mills. Regardless of the size of a company or its profitability, organizations that fail to prevent the diversion of powerful controlled substances will be held accountable," said Joseph Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control. "Cardinal Health is not above the law, and with this agreement it admits that it neglected its vital responsibility to prevent the diversion of controlled substance medications."

On February 3 of this year, DEA's Miami Field Division served an Immediate Suspension Order (ISO) against Cardinal Health's distribution center at 2045 Interstate Drive in Lakeland, Florida, alleging that this distribution center failed to maintain effective controls against the diversion of controlled substances, specifically oxycodone. In just three years, Cardinal's Lakeland center supplied more than 12 million dosage units of oxycodone, a highly addictive, powerful painkiller, to four area pharmacies. Over the past several years, Florida has been at the epicenter of the nationwide prescription drug abuse epidemic. Various illicit schemes operating in Florida, and those who supply them, have been responsible for the diversion of millions of dosage units of prescription drugs containing oxycodone or hydrocodone that are in turn redistributed along the entire eastern seaboard and parts of the Midwest.

The February 3 ISO was not DEA's first action against Cardinal's Lakeland facility. In December 2007, DEA issued an ISO at the location as a result of its distribution of hydrocodone to 'rogue' internet pharmacies. That action, and similar actions at other Cardinal Health facilities across the United States, resulted in a \$34 million fine. Since October 2008, Cardinal Health has been operating under an Administrative Memorandum of

Agreement (MOA) with the DEA that requires Cardinal Health to "maintain a compliance program designed to detect and prevent diversion of controlled substances as required under the Controlled Substances Act and applicable DEA regulations." The February 3 action was based, in part, on Cardinal's failure to live up to the terms of the 2008 MOA. More details regarding the previous cases against Cardinal Health can be found at www.DEA.gov.

The covered conduct in the agreement includes:

- Failure to maintain effective controls against the diversion of controlled substances, including failing to conduct meaningful due diligence to ensure that controlled substances were not diverted;
- Failure to detect and report suspicious orders of controlled substances as required by the CSA, on or before May 14, 2012; and
- Failure to adhere to the provisions of the 2008 MOA, on or before May 14, 2012.

DEA agrees to release Cardinal and its subsidiaries, distribution facilities and registrants listed in the agreement from any administrative claims within DEA's enforcement authority for the Covered Conduct in this agreement prior to the effective date of this agreement. However, conduct other than that covered in the agreement, or any conduct afterward, is subject to administrative claims within DEA's enforcement authority. Again, this agreement does not preclude DEA from pursuing civil penalties.

Actions and agreements such as the February 3 ISO and the May 14 MOA are part of the continuing efforts by the DEA's Office of Diversion Control and the agency's field divisions to combat the prescription drug abuse epidemic in the U.S.

###

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Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JUNE 6, 2012 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, 2012 Board meeting.

Licensing Activity:

- 29 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 13 licenses were granted for Out-of-State pharmacies.
- 15 licenses were granted for Out-of-State wholesalers.
- 6 licenses were granted for a Nevada pharmacy (pending inspection).
- 1 pharmacist registration by examination was denied due to issues leading to revocation in California.
- 1 registration for a practitioner dispensing registration was granted.

Disciplinary Action:

- Pharmacist RM was fined \$2000 and pharmacy SMP was ordered into "Your Success Rx" for the misfiling of a gabapentin prescription with gemfibrozil, causing harm to the patient.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- A presentation was given by Lynn O'Mara regarding the ARRA HITECH Act.

No workshops or public hearings were conducted at this meeting.

Blank

PROPOSED WORK SHOP LANGUAGE FOR AMENDMENT TO NAC 639.240

WORK SHOP HEARING JULY 19, 2012

NAC 639.240 Requirements for registration of pharmaceutical technicians. (NRS 639.070, 639.1371)

1. No person may perform the duties of a pharmaceutical technician until the person has been issued a certificate of registration.
2. An applicant for registration as a pharmaceutical technician must:
 - (a) Be 18 years of age or older;
 - (b) Be a high school graduate or the equivalent;
 - (c) Not have been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs;
 - (d) Have no history of drug abuse; and
 - (e) Have complied with one of the following requirements:
 - (1) The successful completion of a program of training for pharmaceutical technicians, including, but not limited to, a program of training offered by a postsecondary school, that is approved by the Board pursuant to NAC 639.256.
 - (2) Registration in another state as a pharmaceutical technician if the requirements for registration in that state are equivalent to the requirements of this State **and include at least 240 hours of verifiable work experience in a pharmacy by the managing pharmacist.**
 - (3) If the state in which the applicant has been employed does not offer registration, licensure or certification as a pharmaceutical technician:
 - (I) The successful completion of at least 1,500 hours of experience in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 during the 3 years immediately preceding the date on which his or her application was submitted;
 - (II) The successful completion of at least 350 hours of employment in a pharmacy in this State; and
 - (III) The acquisition of a written statement to the Board from the managing pharmacist of the pharmacy referred to in sub-subparagraph (II) stating that the applicant, during his or her employment, demonstrated competence to perform the tasks assigned to him or her.
 - ↪ Such an applicant must register as a pharmaceutical technician in training before he or she completes the requirements of sub-subparagraph (II).
 - (4) The successful completion of at least 1,500 hours of training and experience as a pharmaceutical technician in training. A pharmaceutical technician in training may accumulate certified hours of training from each place of employment.
 - (5) The successful completion of a program of training for pharmaceutical technicians conducted by a branch of the Armed Forces of the United States, **Indian Health Service or the Department of Veterans Affairs.**
 - (6) Certification by the Pharmacy Technician Certification Board or the Institute for the Certification of Pharmacy Technicians as a pharmacy technician if:
 - (I) The applicant successfully completes a program of training for pharmaceutical technicians conducted by a postsecondary school in another state; and

(II) The program is accredited or otherwise approved by the appropriate regulatory authority in that state; **and**

(III) **The applicant has completed at least 240 hours of verifiable work experience in a pharmacy by the managing pharmacist.**

3. An applicant who attended a school outside the United States must submit to an organization which evaluates educational credentials a copy of the transcript of his or her academic record from that school for a determination of whether the grades the applicant received are substantially equivalent to the grades required for an applicant who attended a school, or a program of training for pharmaceutical technicians that is accredited by the American Society of Health-System Pharmacists, in the United States. The applicant must ensure that a copy of the organization's evaluation of the transcript is submitted to the Board.

4. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a certificate of registration to the pharmaceutical technician.

[Bd. of Pharmacy, § 639.200, eff. 6-26-80]—(NAC A 12-3-84; 3-27-90; 11-15-93; 11-9-95; 7-17-96; R012-01, 11-1-2001; R041-04, 5-25-2004; R036-07, 1-30-2008; R121-08, 9-18-2008)

REVISER'S NOTE.

The regulation of the State Board of Pharmacy filed with the Secretary of State on January 30, 2008 (LCB File No. R036-07), which amended this section, contains the following provisions not included in NAC:

"Notwithstanding the provisions of NAC 639.256, if a program of training for pharmaceutical technicians has been approved by the State Board of Pharmacy before January 30, 2008:

1. The program is not required to be accredited by the American Society of Health-System Pharmacists until January 30, 2010; and

2. An applicant for registration as a pharmaceutical technician may satisfy the requirement set forth in subparagraph (1) of paragraph (e) of subsection 2 of NAC 639.240 if he successfully completes the program not later than January 30, 2010."

WORKSHOP LANGUAGE FOR E-SCRIBING OF C-II PRESCRIPTIONS

July 19, 2012

NAC 639.7105 Electronic transmission of prescription. (NRS 639.070, 639.0745)

Except as otherwise provided in NAC 639.711:

1. A prescription for[~~:]~~

~~[(a) A controlled substance listed in schedule II must not be transmitted electronically.]~~

~~[(b) A]~~ a dangerous drug or a controlled substance listed in schedule ~~II~~, III, IV or V may be transmitted electronically by a practitioner to a pharmacy.

2. A practitioner shall not transmit a prescription electronically to a pharmacy unless:

(a) The practitioner is the only person who will have access to the prescription until it is received by the pharmacy;

(b) The patient:

(1) Consents to the transmission of the prescription electronically; and

(2) Approves the pharmacy where the prescription will be transmitted; and

(c) All requirements 21 C.F.R. Part 1311 are satisfied.

3. In addition to the requirements set forth in NRS 639.2353 and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:

(a) The registration number from the Drug Enforcement Administration of the prescribing practitioner if the prescription is for a controlled substance;

(b) The telephone number of the practitioner;

(c) The time and date of the transmission; and

(d) The name of the pharmacy to which the prescription is sent.

4. If a prescription for a controlled substance is sent electronically, in addition to subsection 3, it must include:

(a) The controlled substance registration number of the Nevada practitioner;

(b) The date of the last physical examination of the patient; and

(c) The indication for use or the diagnosis code.

5. [4.] A pharmacist who receives a prescription that is transmitted electronically shall:

(a) Print a copy of the prescription on paper that is of sufficient quality to last for at least 2 years; and

(b) Keep a copy of the prescription for at least 2 years after the pharmacy receives the prescription.

6. [5.] A pharmacist shall not dispense a prescription that is transmitted electronically until the pharmacist determines that the prescription complies with the requirements of state and federal law.

7. [6.] A prescription that is transmitted electronically and complies with the provisions of this section shall be deemed an original prescription.

8. The Nevada Board of Pharmacy has reserved the right to suspend the electronic prescribing privileges of any practitioner that is suspected to be prescribing unlawfully, fraudulently or not for a legitimate medical purpose.