

August 16, 2012

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Hyatt Place
1790 E Plumb Lane
Reno
New Location

Wednesday, September 5, 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 July 18-19, 2012, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Cardinal Health 414, LLC – Tempe, AZ
 - B. Compound Care Plus LLC – Loxley, AL
 - C. Elite Rx – Birmingham, AL
 - D. Healthstat Rx, LLC – Largo, FL
 - E. Healthstat Rx, LLC – Smyrna, GA
 - F. Homecare Medical Groups – Wake Forest, NC
 - G. Komoto Custom Care Pharmacy – Bakersfield, CA
 - H. NuVision Pharmacy Inc. – Dallas, TX
 - I. One Point Patient Care, LLC – Morton Grove, IL
 - J. Park Irmat Drug Corp – New York, NY
 - K. The Wellness Compounding – Chattanooga, TN
 - L. Truax Patient Services – Bemidji, MN
 - M. Westchase Compounding Pharmacy – Tampa, FL

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

- N. APL Logistics WMS, Inc. – Suwanee, GA
- O. CareFusion – Minneapolis, MN
- P. CareFusion – Oak Forest, IL
- Q. CareFusion – Palm Springs, FL
- R. Cytomedix, Inc. – Gaithersburg, MD
- S. Exel, Inc. – Mechanicsburg, PA
- T. Matheson Tri-Gas, Inc. – West Sacramento, CA
- U. MPC Newco, Inc. – Philadelphia, PA
- V. MPC Newco 2, Inc. – Philadelphia, PA
- W. OnSite Health Inc. – Spring Branch, TX
- X. Teleflex Medical Incorporated – Olive Branch, MS
- Y. Willow Birch Pharma, Inc. – Taylor, MS

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

- Z. Apria Healthcare, Inc. – Lenexa, KS
- AA. CareFusion – Minneapolis, MN
- BB. CareFusion – Palm Springs, CA
- CC. Diabetic Care Network – Pompano Beach, FL
- DD. Heritage Diabetic Supply Inc. – Marion, NC
- EE. Laerdal Medical Corporation – Wappingers Falls, NY
- FF. Midwest Respiratory Care Inc. – La Vista, NE
- GG. Neb Group of Arizona – Scottsdale, AZ
- HH. National Rehab Equipment, Inc. – Moon Township, PA
- II. Thomas Durable Medical Equipment – Rochester, MI
- JJ. Ventus Medical Inc. – San Jose, CA
- KK. Wilmington Island DME, Inc. – Savannah, GA
- LL. Wright Therapy Products Inc. – Oakdale, PA

◆ 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. Brian T. Vu, R.Ph (12-040-RPH-N)
 - B. Anteneh Woldetsadik, R.Ph (11-042-RPH-S)
- 5. Applications for Out-of-State Pharmacy – Appearance for Possible Action:
 - A. My Weight Doctor Pharmacy, LLC – Rockville, MD
 - B. United Pharmacy LLC – West Palm Beach, FL
 - C. Wells Pharmacy Network, LLC – Ocala, FL
- 6. Applications for Nevada MDEG – Appearance for Possible Action:
 - A. On-Time Medical Supply LLC – Las Vegas
 - B. State Medical Equipment – Las Vegas
- 7. Discussion and Determination for Possible Action:
 - A. Mechanical Counting Devices
 - B. Pharmacy Technician Diversion in Pharmacies
- 8. General Counsel Report for Possible Action:

Intern Hours

9. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. CE Presentations: 7/20 (Metro); 8/19 (Las Vegas); 10/4 (Pharmacist's Letter)
 - 2. Hospital Regulation Committee: 8/17
- D. Reports to Board
 - 1. NABP Interactive Member Forum
- E. Board Related News
 - 1. DEA Announcement
 - 2. USP
- F. Activities Report

10. Next Board Meeting:

October 17-18, 2012 – Las Vegas

11. 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
Washoe County Courthouse – Reno

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

BOARD MEETING

at the

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

July 18 & 19, 2012

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

Board Members Present:

Beth Foster
Russell Smith

Jack Dalton
Jody Lewis

Cheryl Blomstrom
Kam Gandhi

Board Members Absent:

Kirk Wentworth

Board Staff Present:

Larry Pinson Jeri Walter Shirley Hunting Carolyn Cramer Rose Marie Reynolds

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)

July 18, 2012

Roger Ly appeared and expressed concern about the validity of prescriptions that are brought to pharmacies in the Las Vegas area. He has found representatives of the physician signing the physician's name on controlled substance prescriptions and finds it troublesome. Mr. Ly was advised that this practice is illegal and is a felony offense.

July 19, 2012

There was no public comment.

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

Discussion:

Motion: Jody Lewis found the minutes accurate and complete and moved for approval.

Second: Jack Dalton

Action: Passed Unanimously.

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously.

REGULAR AGENDA

4. Discipline for Possible Actions:

- | | | |
|----|------------------|-----------------|
| A. | Sothy Him, R.Ph | (10-048A-RPH-S) |
| B. | Walgreens #07841 | (10-048-PH-S) |

NOTE: Russ Smith recused from participation in this matter as he is an employee of Walgreens.

Sothy Him appeared and was sworn by President Foster prior to answering questions or offering testimony.

Todd Reese appeared and represented Mr. Him. Rob Graham was present to represent Walgreens.

Carolyn Cramer presented a Stipulated Agreement regarding Mr. Him for the Board's consideration. Mr. Him admitted to the allegations in the Second Cause of Action, the Third Cause of Action is dismissed in exchange for the plea in the Second. Mr. Him's license shall be suspended for 30 days and the suspension shall be stayed. Mr. Him will pay a fine of \$1,000.00 and the fees and costs in this matter in the amount of \$1,000.00. Mr. Him will complete a CE class on ethics and Mr. Him will be on probation for a period of 2 years with conditions.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously

Carolyn Cramer presented a Stipulated Agreement regarding Walgreens #07841 for the Board's consideration. Walgreens #07841 admitted to the allegations in the Fourth Cause of Action and will pay a fine of \$5,000.00.

Mr. Graham noted that Walgreens is in the process of phasing out the Baker cells from their stores.

Board Action:

Motion: Kam Gandhi moved to accept the Stipulated Agreement as presented.

Second: Jack Dalton

Action: Passed Unanimously

C. Western Home Care (09-108-MDEG-S)

Christine Cassetta and Max Corrick were present to represent Western Home Care.

Carolyn Cramer advised the Board that Western Home Care is admitting to the facts in the First Cause of Action regarding failure to keep accurate records and indicated that the Board could go straight to the penalty phase of the hearing process if they chose. The Board members were polled and felt that it would be appropriate in this matter. Ms. Cramer recommended probation for one year, quarterly inspections, \$1,000.00 fine and \$1,000.00 fees and costs.

Ms. Cassetta noted that the staff at Western Home Care have been trained and they are in the process of fixing their computer problems to reflect accurate records.

Board Action:

Motion: Cheryl Blomstrom moved to accept Ms. Cramer's recommendation with the exception that the probation be for two years with quarterly inspections rather than one year.

Second: Kam Gandhi

Action: Passed Unanimously

D. Marisa Rowe, PT (12-023-PT-S)

NOTE: Jody Lewis recused from participation in this matter as she is employed by CVS.

Carolyn Cramer noted that Ms. Rowe was not present for hearing even though she had received her Accusation. Ms. Cramer presented the return receipt as Exhibit 1 showing

that someone had signed for the Accusation. Ms. Cramer presented the notice of hearing letter that was sent to the same address as Exhibit 2.

Don Dugger, CVS loss prevention, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Dugger testified to the procedures involved in his investigative process for potential theft from CVS pharmacies. Mr. Dugger identified Exhibit 3 as the written statement he took from Marisa Rowe. Ms. Rowe admitted in her written statement that she had taken 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 zolpidem 10 mg., and one stock bottle of 100 phentermine 37.5 mg. from CVS #4495.

Board Action:

Motion: Kam Gandhi moved to find Ms. Rowe guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Kam Gandhi moved to revoke Ms. Rowe's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

E. Breana Clark, PT

(12-022-PT-S)

NOTE: Jody Lewis recused from participation in this matter as she is employed by CVS.

Carolyn Cramer noted that Ms. Clark was not present for hearing even though she had received her Accusation. Ms. Cramer presented the return receipt as Exhibit 1 showing that someone had signed for the Accusation. Ms. Cramer presented the notice of hearing letter that was sent to the same address as Exhibit 2.

Don Dugger, CVS loss prevention, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Dugger testified to the procedures involved in his investigative process for potential theft from CVS pharmacies. Mr. Dugger identified Exhibit 3 as the written statement he took from Breana Clark. Ms. Clark admitted in her written statement that she had taken

approximately 30 to 40 bottles of promethazine with codeine and five stock bottles of 500 hydrocodone/APAP 10/500 tablets.

Board Action:

Motion: Kam Gandhi moved to find Ms. Clark guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Russ Smith moved to revoke Ms. Clark's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

F. John J. Dudek Jr, MD (12-008-CS-S)

This matter was continued to the October Board meeting.

G. Angela Lorenzo, PA (11-091-PD-S)

H. Angela Lorenzo, PA (11-091-CS-S)

Angela Lorenzo was not present, however Jacob Hafter was present to represent her.

Carolyn Cramer presented a Stipulated Agreement on behalf of Ms. Lorenzo. She indicated that Ms. Lorenzo plead no contest to the First, Third and Fifth Causes of Action and acknowledged that Ms. Lorenzo understands her responsibility to ensure dispensing drugs is done pursuant Nevada law. The Fourth, and Sixth Causes of Action are dismissed in exchange for the admissions made in the other Causes of Action. Upon approval by the Board, Ms. Lorenzo shall voluntarily surrender her Dispensing Registration # PD12166 on August 17, 2012. The surrender will be treated in Nevada as a revocation. Ms. Lorenzo will retain her Controlled Substance registration #CS12166.

Board Action:

Motion: Kam Gandhi moved to accept the Stipulated Agreement as presented.

Second: Jody Lewis

Action: Passed Unanimously

I. Chetankumar Patel, R.Ph (10-090-RPH-S)

J. Walgreens #04197 (10-090-PH-S)

Chetankumar (Chris) Patel appeared and was sworn by President Foster prior to answering questions or offering testimony.

NOTE: Russ Smith recused from participation in this matter as he is employed by Walgreens.

Rob Graham was present to represent Mr. Patel and Walgreens #04197.

Carolyn Cramer presented an oral Stipulation and Agreement for the Board's consideration. Mr. Patel would pay a fine of \$500.00 for the First Cause of Action and a fine of \$1,000.00 for the Second Cause of Action. Mr. Patel will also participate in a continuing education class on ethics approved by Board staff. For the Third Cause of Action Mr. Patel will review the computer record deletion policy for Walgreens and send a letter to Board staff confirming that he has completed that review. Walgreens #04197 will pay a fine of \$1,000.00 for the Fourth Cause of Action.

Board Action:

Motion: Jody Lewis moved to accept the oral Stipulated Agreement as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

K.	Anteneh Woldetsadik, R.Ph	(11-042-RPH-S)
L.	CVS/pharmacy #8780	(11-042-PH-S)

Carolyn Cramer advised the Board that Mr. Woldetsadik was not present even though she expected him to appear. She indicated that Board staff is dismissing the charges against CVS #8780 and asked the Board to consider continuing the matter with Mr. Woldetsadik to the September meeting.

The Board agreed and Mr. Woldetsadik's matter will be continued to the September Board meeting.

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

A. Concierge Compounding Pharmaceuticals, Inc. – Henderson

Hootan Melamed appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Melamed explained that Concierge was a closed door, non-sterile compounding pharmacy servicing physicians that fax prescriptions to him which he then fills and mails to patients both in and out of state. It was noted that the application was not marked as a mail order pharmacy and he indicated that it was an oversight on his part.

Board Action:

Motion: Jody Lewis moved to approve the application for Concierge Compounding Pharmaceuticals providing the application is amended to include mail order services.

Second: Kam Gandhi

Action: Passed Unanimously

B. Nuro Pharma Inc. – Las Vegas

Jon Box, pharmacist, and Jim Fares, owner, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Box and Mr. Fares explained that they were a pediatric care pharmacy for children with epilepsy and seizure disorders. They will be working with doctors and ordering drugs for their patients specific to their needs. Mr. Box and Mr. Fares answered the Board's questions to their satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for Nuro Pharma Inc.

Second: Russ Smith

Action: Passed Unanimously

C. Well Being Specialty Rx – Las Vegas

Dina Haileyesus, pharmacist, and Terrance Connolly, owner, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Connolly and Ms. Haileyesus described the practice as a compounding pharmacy that is 797 compliant. The Board questioned them regarding the application because it did not indicate they would be providing parenteral's to patients and they indicated that it was an oversight.

Board Action:

Motion: Russ Smith moved to approve the application for Well Being Specialty Rx and correct the application to reflect parenterals.

Second: Kam Gandhi

Action: Passed Unanimously

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

A. Millers of Wyckoff – Wyckoff, NJ

Jacob Saeman appeared and was sworn by President Foster prior to answering questions or offering testimony.

David Miller provided Board staff with a letter authorizing Mr. Saeman to testify on behalf of Millers of Wyckoff.

Mr. Saeman explained that they are a compounding pharmacy, currently licensed in 30 states and their goal is to license in all states so they can ship anywhere in the United States. Millers of Wyckoff is a family owned pharmacy that has been in business since 1929. Mr. Saeman gave information regarding their shipping procedures and other practices to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for Millers of Wyckoff.

Second: Jack Dalton

Action: Passed Unanimously

B. My Weight Doctor Pharmacy, LLC – Rockville, MD

This matter was continued to the October Board meeting.

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

A. Shari A. Challis

Shari Challis appeared and was sworn by President Foster prior to answering questions or offering testimony.

Russ Smith disclosed that he is an employee of Walgreens however he does not know Ms. Challis and his participation in this matter would not be in conflict.

Ms. Challis disclosed on her application for pharmaceutical technician in training that she had been arrested on suspicion of selling a controlled substance, namely marijuana, but testified that the charges were dismissed. Ms. Challis also indicated that she had six months of anger management classes for a domestic abuse charge because she got into a heated argument with her brother. She also admitted that she obtained a hotel room for someone in her name and the person she obtained the room for trashed it. She indicated that the person that did it paid for the damages and she

was released from responsibility in that matter. Ms. Challis was also arrested for methamphetamine use when she was between 15 and 18 years old. She noted that her parents are supportive of her and that she has grown and learned from her mistakes. Ms. Challis works for Walgreens full time and she was asked if she would be interested in being a pharmaceutical technician in the pharmacy. Ms. Challis indicated that her managing pharmacist is aware of her history.

Denise Challis appeared and was sworn by President Foster prior to answering questions or offering testimony.

Denise Challis, Shari's mother, testified on her behalf.

Board Action:

Motion: Kam Gandhi moved to accept the application for pharmaceutical technician in training providing Ms. Challis is evaluated by PRN-PRN, Board staff receives of a letter of recommendation from the managing pharmacist, and that she reappear at the January 2013 Board meeting.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. Alex Garza

Alex Garza appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Garza was present to explain the circumstances of the dismissal of charges that were brought against him by the North Las Vegas Municipal Court. He explained that he does not drive and that he got a ride from a girl who had an accident because she was under the influence of marijuana while he was the passenger in her car. He did not know she was under the influence until after he accepted the ride. They were both arrested, however his charges were dismissed because he had not used marijuana. Mr. Garza stated that he would like to complete the program at Anthem, where he was a student in the pharmaceutical technician program.

Board Action:

Motion: Russ Smith moved to approve the application for pharmaceutical technician in training pending a letter of support from Anthem to Board staff.

Second: Cheryl Blomstrom

Action: Passed Unanimously

C. Jennifer Philumalee

Jennifer Philumalee appeared and was sworn by President Foster prior to answering questions or offering testimony.

NOTE: Russ Smith disclosed that he is an employee of Walgreens however he does not know Ms. Philumalee and his participation in this matter would not be in conflict.

Ms. Philumalee admitted that she had taken one bottle of Oxycodone without authorization from the Walgreens where she was working in Wisconsin. She had been a pharmaceutical technician for 15 years when this occurred and she completed a yearlong outpatient program for addiction. The felony charges for possession of a narcotic were dismissed. Ms. Philumalee also admitted that she was addicted to Ecstasy and cocaine however she is in remission. At the moment she is working as a clerk at Walgreens #5619 and she would like to work as a pharmaceutical technician again. Ms. Philumalee advised that her managing pharmacist is aware of her issues in the past.

Board Action:

Motion: Cheryl Blomstrom moved to delay processing of the application for pharmaceutical technician until Ms. Philumalee is evaluated by PRN-PRN, provides proof of dismissal of the charges against her in Wisconsin and her managing pharmacist provides a letter of recommendation to Board staff indicating she/he is aware of Ms. Philumalee's past.

Second: Kam Gandhi

Action: Passed Unanimously

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

David L. Packer, MD

David Packer appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer reminded the Board that Dr. Packer had applied for a Controlled Substance registration in October 2011. He had pending criminal charges in Florida that he could not address at that time. Dr. Packer entered into a Deferred Prosecution Agreement and now would like to apply for his Controlled Substance registration so he can practice plastic surgery in Nevada. Ms. Cramer advised that Dr. Packer has signed a Stipulated Agreement with the condition that his registration be on probation for a period of two years with restrictions and asked the Board to consider the Agreement before them.

Board Action:

Motion: Jody Lewis moved to approve the application for Controlled Substance registration with the conditions and restrictions in the Stipulated Agreement.

Second: Russ Smith

Action: Passed Unanimously

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

A. Richard L. Bailey, MD

Richard Bailey and Saros Singh, owner of Radiance Med Spa, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Danny Garcia, Board investigator, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer asked Mr. Garcia to explain his involvement in this matter. Mr. Garcia indicated that he went in to Radiance and found no doctor present. He impounded HCG, a controlled substance, and other dangerous drugs since there was no physician. It was learned that Ms. Singh was using her ex-husband's DEA number to order controlled substances from a compounding pharmacy or Allergan for dispensing at the Radiance.

Dr. Bailey explained that he did not know that HCG is a controlled substance in Nevada since he works in Arizona and that he did not realize that he had to be present in the day to day function of Radiance.

The Board advised Dr. Bailey that as the Dispensing Practitioner he was responsible for ordering, receiving, dispensing and securing any drugs that are being sold from Radiance Med Spa. Dr. Bailey indicated that he understands now and will ensure compliance with Nevada's rules.

Board Action:

Motion: Kam Gandhi moved to accept the application for Dispensing Practitioner for Dr. Bailey.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. TrimBody MD

TrimBody MD withdrew their application.

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

Rutasha Moore

(09-050-PT-S)

Rutasha Moore appeared and was sworn by President Foster prior to answering questions or offering testimony.

NOTE: Jody Lewis recused from participation in this matter as she is employed by CVS.

Ms. Moore began her testimony by trying to explain that she was a 15 year pharmaceutical technician in California and that she was unaware of some of Nevada's laws, such as Soma being a controlled substance. She also was unfamiliar with obtaining identification from patients in Nevada because it was not necessary in California.

Carolyn Cramer read Ms. Moore's original written statement to refresh her memory of why she was revoked by the Nevada Board. Ms. Moore had created fraudulent prescriptions for controlled substances, namely hydrocodone 10/500 and Alprazolam 2 mg. tablets, and dispensed them to an unknown person at the drive through window. After she did this, she found an envelope in her apartment for \$300.00 and was contacted, advising her that there was more money where that came from.

Board Action:

Motion: Kam Gandhi moved to deny Ms. Moore's request for reinstatement.

Second: Russ Smith

Action: Passed Unanimously

11. Request to Amend Board Order for Possible Action:

Chris Peters

(10-011-RPH-S)

NOTE: Jack Dalton recused from participation because Mr. Peters was employed by Wal-Mart as is Mr. Dalton.

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

Mr. Peters requested an amendment to his Board Order to allow him to work in the Portland, Oregon area. His current Order restricts his practice of pharmacy to either Las Vegas or Reno and he has an opportunity to work occasionally in Portland.

Mr. Espadero explained that he did not want Mr. Peters working in a rural setting, which is why he recommended the Las Vegas or Reno areas of Nevada. Mr. Espadero indicated that he and the Oregon PRN monitor have worked closely in the past and it would be like Mr. Peters being doubly monitored by both Nevada and Oregon. Mr. Espadero indicated that he approves of Mr. Peters request to amend his current Order.

Board Action:

Motion: Cheryl Blomstrom moved to approve the amendment to Mr. Peter's current Board Order allowing him to work in the metropolitan area of Portland, Oregon.

Second: Kam Gandhi

Action: Passed Unanimously

12. Executive Secretary Report for Possible Action:

A. Financial Report

The financial report was addressed under Item 14.

B. Temporary Licenses

There was one temporary license issued since the last Board meeting.

C. Staff Activities

1. Introduce Shirley and Luis

Larry Pinson introduced Shirley Hunting to the Board as Jeri Walter's successor upon her retirement at the end of the year. Luis Curras is the new inspector in Las Vegas replacing Ron Shockey.

2. CE Presentations: RPD & NAADI

Mr. Pinson noted that he did two CE presentations for the Reno Police Department, both had 100 to 150 participants and were both well received.

Mr. Pinson also gave a presentation on prescription drug diversion at the NAADI conference.

He indicated that he was doing another presentation for the Las Vegas Metropolitan Police Department on July 19th.

California and Nevada are having a joint meeting of their hospital associations at which he has been asked to speak.

Pharmacist's Letter will video Larry Pinson's October 4th CE in Reno to be included as an online Nevada law CE.

a. Osteo Association Thank You & Evaluation

Mr. Pinson presented the Board with a copy of a thank you letter and evaluation of his presentation to the Osteopathic Medical Association.

3. LCHC

Larry Pinson and Carolyn Cramer have been asked to appear and testify on the Legislative Committee on Healthcare at practically every meeting throughout the interim offering recommendations on many of their agenda items.

4. Tech Diversion Committee

The Tech Diversion Committee met, noting that every participant in the group had the same goal of preventing drug diversion by pharmaceutical technicians. No concrete solutions evolved, so Mr. Pinson advised the Board that he will agendize a Discussion and Determination topic on the subject at the September Board meeting.

5. Hospital Regulation Committee

Beth Foster reported that the Hospital Regulation Committee met and are in the process of reviewing the current regulations regarding orders, unit dose and drug storage.

6. CE Committee

a. Web-IZ

b. American Association of Clinical Endocrinologists

The CE Committee met and approved the two referenced programs and Mr. Pinson asked the Board for a motion to accept them.

Board Action:

Motion: Russ Smith moved to approve the two continuing education programs.

Second: Kam Gandhi

Action: Passed Unanimously

D. Reports to Board

1. Your Success Rx Report

a. Pathway Pharmacy

Pathway's computer system was outdated, however it is now being upgraded so they can no longer delete compounding records. Their Policy and Procedure manual has been revamped. The clean room is now up to standards and pharmacy personnel are going to attend the Star Center program in Colorado.

b. Bill Locke & Hale's Pharmacy

Katie Johnson worked with Bill Locke to improve the working conditions in the pharmacy. Mr. Locke recently sold Hale's and Board staff feels this was a good choice.

c. Mark Nebeker (Smith's)

Just before Ms. Johnson began training Mark Nebeker, he had another misfill. After working diligently with him, Mr. Nebeker made numerous adjustments to his pharmacy practice.

2. Your Success RX and Star Center

Katie Johnson is going to attend the Star Center to learn more about compounding.

3. 2013 Board Meeting Dates

Mr. Pinson presented the Board with the 2013 meeting dates.

4. CE Audit Stats

There were 24 pharmacists that failed the 2011 CE audit. Ten did not do Nevada law, six completed between 20 and 30 CE's, three only completed between 10 and 20 CE's and five are being invited to the Board to explain why they had only completed between 0 and 10 CE's.

5. Immunization Report

Mr. Pinson provided a copy of the Immunization Report that Ray Seidlinger prepared for the Board to review.

6. Responding to Unlicensed Health Care in Nevada

Frankie Sue Del Papa prepared a report to Attorney General Catherine Cortez-Masto, the Nevada Public Health Foundation and the Nevada State Health Division on the problem of unlicensed health care in Nevada. Mr. Pinson noted that Ms. Del Papa commended the Board of Pharmacy for helping her in her effort to help with the cross training between health care Boards.

E. Board Related News

1. PARE

Larry Pinson advised that NABP has a new remediation tool, PARE – Pharmacist Assessment for Remediation Evaluation. He provided the Board with information on how to take the 4 ½ hour examination.

2. ISMP Safety Alert

ISMP has issued a safety alert confirming that products in short supply have been compounded in hospital, retail and specialty pharmacies, which has led to serious infection outbreaks due to sterility breeches and other preparation errors.

3. Omnicare Settlement

In a recent DEA news release they reported that Omnicare entered into a \$50 million settlement which is the largest controlled substance settlement in history.

4. Cardinal Suspensions

In another DEA press release they reported that in Florida they suspended Cardinal Health's ability to sell controlled substances for two years in an effort to help prevent prescription drug abuse.

F. Activities Report

13. General Counsel Report for Possible Action:

Carolyn Cramer had no report to make.

14. Budget – Fiscal Year 2012-2013 for Possible Action

Larry Pinson advised the Board that Treasurer, Kirk Wentworth, met with Board staff and worked on the Budget. Mr. Pinson provided a copy to the Board and reviewed it to the Board's satisfaction and asked for a motion to approve.

Board Action:

Motion: Kam Gandhi moved to approve the Budget as presented.

Second: Jack Dalton

Action: Passed Unanimously

15. Personnel Review for Possible Action

A. Personnel Evaluation

Larry Pinson commended his entire staff citing their efficiency and their ability to work together toward Board of Pharmacy common goals. He cited inspection numbers, “licensing turnaround”, public response and several other attributes and accomplishments of all of the staff. With the hiring of new and more staff, one of his goals is to more efficiently assign, investigate and wrap up disciplinary cases.

Larry Pinson did not recommend any compensation adjustment at this time, however noted that staff had been without raises for five years now. He is worrying about the hiring and retention of our pharmacists in particular, noting that they are being compensated nowhere near the “going rate”.

B. Executive Secretary Evaluation

President Foster commended the hard work and dedication of Larry Pinson. His leadership is key. He effectively administers the finances and management of the budget. Mr. Pinson is dedicated to educating the public and is always available and responsive to their needs. He is well respected and is in constant demand as a speaker to enlighten other Boards or national groups on various topics.

WORKSHOP for Possible Action

16. **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.

After discussion, the Board determined that the language was acceptable as presented and President Foster asked for a motion.

Board Action:

Motion: Cheryl Blomstrom moved to go forward to Public Hearing as presented.

Second: Jack Dalton

Action: Passed Unanimously

2. **Amendment of Nevada Administrative Code 639.7105** Electronic transmission of prescriptions listed in schedule II.

President Foster reviewed the regulation amendment for the Board. She indicated that she and Larry Pinson had a conference call with Ken Whittemore at SureScripts and was advised that a prescribers controlled substance number and the date of the last patient examination could be included now as mandatory fields, however they cannot do diagnostic codes right now. Mr. Whittemore indicated that diagnostic codes would be possible in approximately two years or subject to the conclusion of negotiations.

It was suggested that the language presented in 4(c) that reads, *The indication for use or the diagnostic code* end with the words when available.

Larry Pinson indicated that Mr. Whittemore was available for a phone call if they would like to include him in this discussion.

Mr. Whittemore was called and he indicated that force fields are available now for the CS numbers and they can be validated, however he was not as firm with his conviction as he was when he was speaking with President Foster and Mr. Pinson regarding the date of the last examination. He indicated that the date of the last examination could not be validated now, however if Nevada made it a law, it could be a force field in about 18 months.

Larry Pinson noted that the Board should not toss out the language as presented, but to amend it to include "when it becomes available."

Larry Matheis, with the Nevada State Medical Association, appeared and strongly supports CII electronic prescribing, but noted that there is great upheaval in the healthcare industry at this time and there are going to be a lot of changes in technology for probably the next several years, and the Board should keep that in mind.

Liz Macmenamin appeared and noted that the Board is moving in the right direction and thanked them for their hard work.

Board Action:

Motion: Russ Smith moved to go forward to Public Hearing with language indicating when it becomes technologically available.

Second: Jody Lewis

Action: Passed Unanimously

17. Next Board Meeting:

September 5-6, 2012 – Reno

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)

July 18, 2012

There was no public comment.

July 19, 2012

There was no public comment.

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 checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Ownership Change <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
(Please provide current license number if making changes: PH _____)	
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: Cardinal Health 414, LLC
Physical Address: 1724 W. 3rd Street, Tempe, Arizona 85281
Mailing Address: 7000 Cardinal Place, R+R Dept.
City: Dublin State: Ohio Zip Code: 43017
Telephone: (480)377-1001 Fax: (480) 377-1016
Toll Free Number: 800-334-1145 (Required per NAC 639.708)
E-mail: dawn.harmon@cardinalhealth.com Website: www.CardinalHealth.com
Managing Pharmacist: Mario Menta License Number: 5011346 (AZ)

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input checked="" 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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60769

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 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: Compound Care Plus LLC
Physical Address: 30245 County Rd 49 Loxley, AZ 36551
Mailing Address: 30245 County Rd 49
City: Loxley State: AZ Zip Code: 36551
Telephone: 251-980-2273 Fax: 251-980-2283
Toll Free Number: 866-832-2263 (Required per NAC 639.708)
E-mail: a.hammond@compoundcare.com Website: www.compoundcare.com
Managing Pharmacist: Ashley Hammond License Number: 13018-AZ

Hours of Operation:

Monday thru Friday 8 am 4 pm Saturday 9 am 12 pm
Sunday (closed) 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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60823

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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☒ New Pharmacy

☐ Ownership Change

(Please provide current license number if making changes: PH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,7

☒ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

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: Elite Rx

Physical Address: 135 Gemini Circle, Ste 201

Mailing Address: 135 Gemini Circle, Ste 201

City: Birmingham State: AL Zip Code: 35209

Telephone: 205 945-6705 Fax: 205 945-6703

Toll Free Number: 855 945-6705 (Required per NAC 639.708)

E-mail: Leticia@eliterx.net Website: www.eliterxpharmacy.com

Managing Pharmacist: Leticia de la Rosa-Creasey License Number: 14322

Hours of Operation:

Monday thru Friday 9 am 5 pm

Saturday closed am _____ pm

Sunday closed am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

☒ Retail

☐ Off-site Cognitive Services

☐ Hospital (# beds _____)

☐ Parenteral

☐ Internet

☐ Parenteral (outpatient)

☐ Nuclear

☐ Outpatient/Discharge

☒ Out of State

☒ Mail Service

☐ Ambulatory Surgery Center

☐ Long Term Care

NEVADA STATE BOARD OF PHARMACY
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☒ New Pharmacy

☐ Ownership Change

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

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

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: HEALTHSTAT Rx, LLC

Physical Address: 7209 BRYAN DAIRY ROAD

Mailing Address: Same

City: LARGO State: FL Zip Code: 33777

Telephone: 727-214-5110 Fax: 727-544-3459

Toll Free Number: 866-448-8040 (Required per NAC 639.708)

E-mail: LSHAH@HealthstatRx.com Website: www.HealthstatRx.com

Managing Pharmacist: SUKHWINDER SHAH License Number: PS24675

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm

Saturday ON-CALL am _____ pm

Sunday ON-CALL am _____ pm

24 Hours ON-CALL

TYPE OF PHARMACY

SERVICES PROVIDED

☐ Retail

☐ Off-site Cognitive Services

☐ Hospital (# beds _____)

☐ Parenteral

☐ Internet

☐ Parenteral (outpatient)

☐ Nuclear

☐ Outpatient/Discharge

☒ Out of State

☒ Mail Service

☐ Ambulatory Surgery Center

☐ Long Term Care

NEVADA STATE BOARD OF PHARMACY
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<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: HEALTHSTATRY, LLC
Physical Address: 1270 WINCHESTER PARKWAY
Mailing Address: Same as above
City: SMYRNA State: GA Zip Code: 30080
Telephone: 770-437-8040 Fax: 770-437-8411
Toll Free Number: 866-437-8040 (Required per NAC 639.708)
E-mail: LShan@Healthstatry.com Website: www.Healthstatry.com
Managing Pharmacist: Pankaj Patel License Number: 017355

Hours of Operation:

Monday thru Friday <u>8:30</u> am <u>5:30</u> pm	Saturday <u>ON-CALL</u> am _____ pm
Sunday <u>ON-CALL</u> am _____ pm	24 Hours <u>ON-CALL</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
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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: Homecare Medical Groups

Physical Address: 10429 Ligon Mill Road, Wake Forest NC 27587

Mailing Address: PO Box 1893

City: Wake Forest State: NC Zip Code: 27588

Telephone: 919 798 7086 Fax: 888 891 4170

Toll Free Number: 866 415 4210 (Required per NAC 639.708)

E-mail: voajob@yahoo.com Website: N/A

Managing Pharmacist: Bryan Tyson License Number: _____

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

60784

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

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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: Optimal Pharmacies Inc. DBA Komoto Custom Care Pharmacy

Physical Address: 2110 Truxtun Ave Suite 300,

Mailing Address: Same

City: Bakersfield State: CA Zip Code: 93301

Telephone: 661-716-2673 Fax: 661-716-2677

Toll Free Number: 888-832-4993 (Required per NAC 639.708)

E-mail: PLeRoy@Komotohealthcare.com Website: _____

Managing Pharmacist: Patrick LeRoy License Number: 58396

Hours of Operation:

Monday thru Friday 8 am 6 pm

Saturday 9:30 am 5:00 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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60768

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

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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: NuVision Pharmacy Inc
Physical Address: 4001 McEwen Rd #110
Mailing Address: Same as above
City: Dallas State: TX Zip Code: 75244
Telephone: 214-347-4008 Fax: 214-296-0243
Toll Free Number: 800-914 (Required per NAC 639.708)
E-mail: Creeder@nuvisionpharmacy.com Website: nuvisionpharmacy.com
Managing Pharmacist: Carl Reeder License Number: 27468

Hours of Operation:

Monday thru Friday 9³⁰ am 6⁰⁰ pm
Saturday closed am _____ pm
Sunday closed am _____ pm
24 Hours Live Answering service

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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60439

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

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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 | <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 |
|---|--|
- 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: OnePoint Patient Care, LLC

Physical Address: 8130 Lehigh Ave.

Mailing Address: SAA

City: Morton Grove State: IL Zip Code: 60053

Telephone: 847-583-5675 Fax: 847-583-5602

Toll Free Number: 866-791-6772 (Required per NAC 639.708)

E-mail: psperanza@oppc.com Website: www.oppc.com

Managing Pharmacist: Erik Jung License Number: 051.294850

Hours of Operation: Central Time Zone

Monday thru Friday <u>7:00</u> am <u>10:00</u> pm	Saturday <u>8:00</u> am <u>7:00</u> pm
Sunday <u>8:00</u> am <u>7:00</u> 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

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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: PARK IEMAT DRUG CORP

Physical Address: 2 PARK AVE, NEW YORK, NY 10016-5675

Mailing Address: SAME AS ABOVE

City: _____ State: _____ Zip Code: _____

Telephone: (212) 485-0500 Fax: (212) 532-6596

Toll Free Number: 800 951-2809 (Required per NAC 639.708)

E-mail: IRMATPHARMACY@GMAIL.COM Website: WWW.IEMATPHARMACY.COM

Managing Pharmacist: KWOK CHONG License Number: 044021

Hours of Operation:

Monday thru Friday 8:00 am 6:30 pm Saturday 10:00 am 5:00 pm

Sunday CLOSED am CLOSED 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 |
|---|---|

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: THE WELLNESS COMPOUNDING
Physical Address: 7304 JARNIGAN RD.
Mailing Address: SAME
City: CHATTANOOGA State: TN Zip Code: 37421
Telephone Number: (423) 954-2585 Fax Number: (423) 954-2460
Toll Free Number: (888) 935-2930 (Required per NAC 639.708)
E-mail: RANDYD@COMPOUND-RX.COM Website: WWW.COMPOUND-RX.COM
TN-7526
Managing Pharmacist: RANDY DAVIS License Number: NV- APPLYING FOR

Hours of Operation:

★ VOICEMAIL AVAILABLE AFTER HRS. + PHARMACIST HAS 24 HR.
ACCESS TO DATABASE.

Monday thru Friday 9:00 am 6:00 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 checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: JUL 25 2012 Amount: 500.00 Entity: 60631 1

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 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: Truax Patient Services
Physical Address: 602 Beltrami Ave NW Suite #105
Mailing Address: 1904 Island View Dr NE
City: Bemidji State: MN Zip Code: 56601
Telephone: 651-587-0964 Fax: 877-438-9759
Toll Free Number: 877-438-9759 (Required per NAC 639.708)
E-mail: bwtruax@gmail.com Website: N/A
Managing Pharmacist: Brian Truax License Number: 114768

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 9 am 5 pm
Sunday _____ 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
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60440

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: Westchase Compounding Pharmacy

Physical Address: 12617 Race Track Rd, Tampa, FL

Mailing Address: Same 33626

City: Tampa State: FL Zip Code: 33626

Telephone: 813-925-8200 Fax: 813-925-8933

Toll Free Number: 800-925-5046 (Required per NAC 639.708)

E-mail: contact@westchasepharmacy.com Website: westchasepharmacy.com

Managing Pharmacist: Steve Caddick, Pharm License Number: PH20981

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 9 am 1 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.

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

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ 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: APL LOGISTICS WMS, INC.

Physical Address: 2925 SHALONEE IND. WAY STE. 100

Mailing Address: SAME

City: SUWANEE State: GA Zip Code: 30024

Telephone: 678-714-6304 Fax: 678-714-6845

Toll Free Number: N/A

E-mail: TERRI-TRAWICK@APL.COM Website: APLLOGISTICS.COM

Facility Manager: TERESA (TERRI) TRAWICK

Professional qualifications and experience of facility manager: 31 YEARS IN DISTRIBUTION
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: _____

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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 checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input 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: CareFusion

Physical Address: 17400 Medina Rd., Suite 100

Mailing Address: 22745 Savi Ranch Parkway, Yorba Linda, CA 92887

City: Minneapolis State: MN Zip Code: 55447

Telephone: 763-398-8300 Fax: 763-398-8403

Toll Free Number: 800-231-2466

E-mail: carol.emerson@carefusion.com Website: www.carefusion.com

Facility Manager: Bob Samec

Professional qualifications and experience of facility manager: Employed in medical device field for over 25 years. Received Bachelor of Science degree in Biomedical Electronics Technology from Brown College.

Types of licensed outlets or authorized persons firm will serve:

- ☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: nursing homes and homecare dealers

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

\$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 checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input 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: CareFusion

Physical Address: 4153 W. 166th St.

Mailing Address: 22745 Savi Ranch Parkway, Yorba Linda, CA 92887

City: Oak Forest State: IL Zip Code: 60452

Telephone: 708-596-7784 Fax: 708-596-7581

Toll Free Number: 800-231-2466

E-mail: carol.emerson@carefusion.com Website: www.carefusion.com

Facility Manager: Brian Clark

Professional qualifications and experience of facility manager: Employed in medical device field for over 13 years. Received Bachelor of Science degrees in Business Management and and Marketing from the University of Illinois at Chicago.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: homecare dealers and sleep labs

Type of Products to be handled or wholesaled be firm:

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

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_____)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input 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: CareFusion

Physical Address: 1100 Bird Center Dr.

Mailing Address: 22745 Savi Ranch Parkway, Yorba Linda, CA 92887

City: Palm Springs State: CA Zip Code: 92262

Telephone: 760-778-7200 Fax: 760-778-7301

Toll Free Number: 800-231-2466

E-mail: carol.emerson@carefusion.com Website: www.carefusion.com

Facility Manager: Jerald Wilson

Professional qualifications and experience of facility manager: Employed in medical device field for over 15 years. Received Bachelor of Science degree in Business Management from Ashwood University.

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 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.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH_____)

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ 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: Cytomedix, Inc.
Physical Address: 209 Perry Parkway, Suite 7
Mailing Address: Same as above
City: Gaithersburg State: MD Zip Code: 20877
Telephone: 240-499-2680 Fax: 240-499-2690
Toll Free Number: 877-865-9927
E-mail: pvanek@cytomedix.com Website: www.cytomedix.com
Facility Manager: Patrick Vanek RPh
Professional qualifications and experience of facility manager: See Attachment A

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors and Clinics

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ 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: Exel Inc
Physical Address: 500 Independence Ave
Mailing Address: 500 Independence Ave
City: Mechanicsburg State: PA Zip Code: 17055
Telephone: 717-591-2246 Fax: 717-591-0933
Toll Free Number: N/A
E-mail: Greg. Quano@Exel.com Website: www.exel.com
Facility Manager: Greg Quano

Professional qualifications and experience of facility manager: Facility Manager over 20 years all day to day operations at the facility - The facility manager has been with Exel 11 1/2 years

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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_____)
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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: Matheson Tri-Gas, Inc

Physical Address: 717 Houston Street

Mailing Address: 1916 2nd Street NW, Albuquerque NM 87102

City: W. Sacramento State: CA Zip Code: 94591 95691

Telephone: 916-372-4272 Fax: 916-372-5280

Toll Free Number: none

E-mail: jjoyce@mathesongas.com Website: mathesongas.com

Facility Manager: Bill Tolen

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input type="checkbox"/> 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: _____	

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60547

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

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ 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: MPC Newco, Inc.

Physical Address: 7722 Dungan Road

Mailing Address: _____

City: Philadelphia State: PA Zip Code: 19111

Telephone: 215-288-6500 Fax: 215-807-1095

Toll Free Number: _____

E-mail: _____ Website: www.urlpharma.com

Facility Manager: James Scheirer

Professional qualifications and experience of facility manager: 30 PLUS YEARS
MANUFACTURING EXPERIENCE & AN ENGINEERING DEGREE

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

\$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: MPC Newco, Inc.

Physical Address: 1100 Orthodox Street

Mailing Address: _____

City: Philadelphia State: PA Zip Code: 19124

Telephone: 215-288-6500 Fax: 215-807-1095

Toll Free Number: _____

E-mail: _____ Website: www.urlpharma.com

Facility Manager: Steve Zebovitz

Professional qualifications and experience of facility manager: BS Pharmacy (current MD license #09694)
BS Chemistry Engineering; 2 1/2 years community & Hospital Pharmacy; 1 year pure engineering; 26 years in Pharmaceutical.

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

\$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 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: Onsite Health Inc.
Physical Address: 244 Flightline Drive
Mailing Address: 244 Flightline Drive
City: Spring Branch State: TX Zip Code: 78070
Telephone: 830 438 0395 Fax: 830 438 0319
Toll Free Number: _____
E-mail: WWilliams@coldchew-tech.com Website: _____
Facility Manager: Wayne Williams
Professional qualifications and experience of facility manager: see attached BFO

Types of licensed outlets or authorized persons firm will serve:

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

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

\$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_____)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input 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: Teleflex Medical Incorporated

Physical Address: 11245 North Distribution Cove, Olive Branch, MS 38654

Mailing Address: PO Box 12600, Attn: Sherri Schultheiss

City: RTP State: NC Zip Code: 27709

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

Toll Free Number: 800-334-9751

E-mail: sherri.schultheiss@teleflex.com Website: www.teleflexmedical.com

Facility Manager: Anthony McKinney

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: Veterinary Clinics

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: Teleflex Medical Incorporated supplies legend medical devices that may include sterile water or saline marked with the "Rx ONLY" symbol. All products are available by prescription only.

60549

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: Willow Birch Pharma, Inc.
Physical Address: 433 Old Taylor Road
Mailing Address: P.O. Box 240
City: Taylor State: MS Zip Code: 38673
Telephone: 662-281-1200 Fax: 662-236-5009
Toll Free Number: 1-800-500-6531
E-mail: jyancy@southpharm.com Website: www.willowbirch.com
Facility Manager: Jimmy Yancy
Professional qualifications and experience of facility manager: See Attachment

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: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Apria Healthcare, Inc.

Physical Address: 15320 W 101st Terrace, Lenexa, KS 66219
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 26220 Enterprise Court - Attn: Clinical Services - Licensing

City: Lake Forest State: CA Zip Code: 92630

Telephone: 913.495.8381 Fax: 913.310.0989

E-mail: Jason.Richards@Apria.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00am to 4:30pm Tue: 8:00am to 4:30pm Wed: 8:00am to 4:30pm Thu: 8:00am to 4:30pm

Fri: 8:00am to 4:30pm Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jason Richards

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

- | | |
|--|---|
| <input checked="" 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: _____ |

**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: James Donohue Telephone: 702 736-4466

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

FACILITY INFORMATION

Facility Name: CareFusion

Physical Address: 17400 Medina Rd., Suite 100
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 22745 Savi Ranch Parkway, Yorba Linda, CA 92887

City: Minneapolis State: MN Zip Code: 55447

Telephone: 763-398-8300 Fax: 763-398-8403

E-mail: carol.emerson@carefusion.com Website: www.carefusion.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6:30am to 5pm Tue: 6:30am to 5pm Wed: 6:30am to 5pm Thu: 6:30am to 5pm **NOTE:**
Fri: 6:30am to 5pm Sat: closed to Sun: closed to Holidays: closed to **Hours Mon. - Fri.**
6:30am - 5pm (CT)

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Bob Samec

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

<input type="checkbox"/> Medical Gases**	<input type="checkbox"/> Assistive Equipment
<input checked="" type="checkbox"/> Respiratory Equipment**	<input type="checkbox"/> Parenteral and Enteral Equipment**
<input checked="" type="checkbox"/> Life-sustaining equipment**	<input type="checkbox"/> Orthotics and Prosthesis
<input type="checkbox"/> Diabetic Supplies	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: CareFusion Technical/Clinical Support Telephone: 800-754-1914

60648

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

FACILITY INFORMATION

Facility Name: CareFusion

Physical Address: 1100 Bird Center Dr.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 22745 Savi Ranch Parkway, Yorba Linda, CA 92887

City: Palm Springs State: CA Zip Code: 92262

Telephone: 760-778-7200 Fax: 760-778-7301

E-mail: carol.emerson@carefusion.com Website: www.carefusion.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

NOTE:

Mon: 8am to 5:00pm Tue: 8am to 5:00pm Wed: 8am to 5:00pm Thu: 8am to 5:00pm

Hours Mon. - Fri.

8am - 5:00pm (PST)

Fri: 8am to 5:00pm Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jerald Wilson

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: CareFusion Technical/Clinical Support

Telephone: 800-231-2466

60649

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: Diabetic Care Network
Physical Address: 3260 NW 23 AVENUE #800, Pompano Beach FL 33069
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 3260 NW 23 Avenue #800
City: Pompano Beach State: FL Zip Code: 33069
Telephone: 954-427-9510 Fax: 954-427-1608
E-mail: rslayer2@yahoo.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00
Fri: 8:30 to 5:00 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Roberta LAXER

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

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

**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: N/A

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

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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: Heritage Diabetic Supply Inc

Physical Address: 2993 Hwy 221 N, Ste A
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 1270

City: Marion State: NC Zip Code: 28752

Telephone: (800) 303-9932 Fax: (828) 659-5893

E-mail: mkleinhans@usdnj.com Website: www.heritagediabetic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30a to 5:00p Tue: 8:30a to 5:00p Wed: 8:30a to 5:00p Thu: 8:30a to 5:00p
Fri: 8:30a to 5:00p Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jon Letko

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** – <u>CPAP</u> <u>masks + accessories</u> | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Seal assist. Erectile dysfunction pumps, catheters, CPAP</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: _____

60436

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 checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
<input checked="" type="checkbox"/> WHOLESALE (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: Laerdal Medical Corporation

Physical Address: 167 Myers Corners
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 1840

City: Wappingers Falls State: NY Zip Code: 12590

Telephone: 845-297-7700 Fax: 800-277-1143

E-mail: customerservice@laerdal.com Website: www.laerdal.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00am to 8:00pm Tue: 8:00am to 8:00pm Wed: 8:00am to 8:00pm Thu: 8:00am to 8:00pm
Fri: 8:00am to 8:00pm Sat: 10:00am to 6:00pm Sun: CLOSED to Holidays: CLOSED to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ronald L. Weyhrauch

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>emergency medical devices (airway management, immobilization)</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

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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: Midwest Respiratory Care Inc.

Physical Address: 12140 Roberts Rd La Vista, Ne 68128
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: La Vista State: Ne Zip Code: 68128

Telephone: 402-592-2435 Fax: 402-592-6914

E-mail: mhall@midwestrespiratory.com Website: www.midwestrespiratory.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: on call Sun: on call Holidays: on call

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Edward A. DeLashmuth or Mick Hall (Michael)

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: Ed DeLashmuth or
Michael Hall

Telephone: 877-592-2435

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

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

FACILITY INFORMATION

Facility Name: Lab Group of Arizona
Physical Address: 8260 E Raintree Dr Ste 119 Scottsdale AZ 85260
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 9221 E Baseline Rd Ste A109-617
City: Mesa State: AZ Zip Code: 85209
Telephone: 480 357 3904 Fax: 480 357 4639
E-mail: gmb@cox.net Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 3
Fri: _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Staci Finch

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: Staci Finch

Telephone: 480 580 6499

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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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: National Rehab Equipment, Inc.

Physical Address: 540 Lindbergh Drive, Moon Township, PA 15108

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

Mailing Address: 540 Lindbergh Drive

City: Moon Township

State: PA

Zip Code: 15108

Telephone: (412) 507-0077

Fax: (412) 472-0686

E-mail: cvetica@nationalrehab.com

Website: www.nationalrehab.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Cathy Vetica

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: medical products including wound care, urology, ostomy and incontinence supplies to individual patients

**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

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

FACILITY INFORMATION

Facility Name: Thomas Durable medical Equipment

Physical Address: 1050 W. University Drive, Suite 1, Rochester MI 48301
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1050 W. University Drive, Suite 1

City: Rochester State: MI Zip Code: 48307

Telephone: (248) 726-0229 Fax: (248) 726-9559

E-mail: thomasdmecompany@yahoo.com Website: www.thomasmedicalequipment.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 7 Tue: 9 to 1 Wed: 8 to 7 Thu: 9 to 1

Fri: 8 to 7 Sat: to Sun: to Holidays: 8 to 7

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: J. Samir Hanna

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

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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: Ventus Medical Inc

Physical Address: 101 Metro Drive, Suite 620, San Jose, CA 95110
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 101 Metro Drive, Suite 620

City: San Jose State: CA Zip Code: 95110

Telephone: 408-200-5299 Fax: 408-200-5298

E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: (PST) 7am to 5pm Tue: (PST) 7am to 5pm Wed: (PST) 7am to 5pm Thu: (PST) 7am to 5pm
Fri: (PST) 7am to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Witney McKiernan, RN, MSN Director

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>Prevent Sleep Apnea Therapy</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: _____

60647

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 INFORMATIONFacility Name: Wilmington Island DME, Inc.Physical Address: 140 Johnny Mercer Blvd. #15
(This must be a business address, we can not issue a license to a home address)Mailing Address: 140 Johnny Mercer Blvd #15City: Savannah State: GA Zip Code: 31410Telephone: 877-854-9363 Fax: 877-854-9362E-mail: Ruthg@wimedical.info Website: www.wimedical.info**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8 to 4:30 Tue: 8 to 4:30 Wed: 8 to 4:30 Thu: 8 to 4:30pmFri: X to X Sat: X to X Sun: X to X Holidays: X to X**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Ruth Guzman**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 μ Reno, NV 89509 μ (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 μ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation μ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner μ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Wright Therapy Products Inc.

Physical Address: 103-B International Drive, Oakdale PA 15071
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 103-B International Drive

City: Oakdale State: PA Zip Code: 15071

Telephone: 800-631-9535 Fax: 724-695-0406

E-mail: amcgear@wrighttherapy.com Website: www.wrighttherapy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:45 to 4:00 Tue: 7:45 to 4:00 Wed: 7:45 to 4:00 Thu: 1:45 to 4:00 24 hrs answering service available
Fri: 7:45 to 3:00 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Hinson, CEO

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>Compression Therapy Pumps & Appliances</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: Ben Zieber Telephone: 949-355-3204

60777

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

BRIAN T. VU, R.PH
Certificate of Registration No.: 17718
Respondent.

Case No. 12-040-RPH-N

_____/

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 Vu is a registered pharmacist with the Board.

II.

Mr. Vu checked his pharmacist license renewal application indicating he had completed 30 CEU's. During a random continuing education audit it was revealed he had not completed any CE units between November 1, 2009 and October 31, 2011. On February 28, 2012 Mr. Vu submitted 50 CE's, including one Nevada law CE, all dated in 2012.

FIRST CAUSE OF ACTION

III.

By indicating on his renewal application that he had completed 30 CEU's during the biennial period November 1, 2009 to October 31, 2011 when he actually had not completed any CEU's, Mr. Vu violated NRS 639.210(4) and (9) and 639.2174(2) and Nevada Administrative Code (NAC) 639.330 and 639.390.

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

Signed this 27th day of June, 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
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

v.

**BRIAN T. VU, R.PH
Certificate of Registration No.: 17718
Respondent.**

Case No. 12-040-RPH-N

_____/

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

I.

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

II

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

The Board has reserved Wednesday, September 5, 2012 as the date for a hearing on this matter, at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 27th day of June, 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**

**BRIAN T. VU, R.PH
Certificate of Registration No.: 17718
Respondent.**

Case No. 12-040-RPH-N

_____/

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

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

///

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

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

DATED this _____ day of _____, 2012.

Brian T. Vu, R.Ph

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 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

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

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: 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 <u>7</u> am <u>7</u> pm	Saturday <u>8</u> am <u>5</u> pm
Sunday <u>N/A</u> am <u>N/A</u> 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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APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

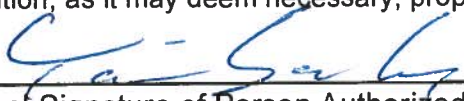
Within the last five (5) years:

- 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

Date

6/7/2012

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

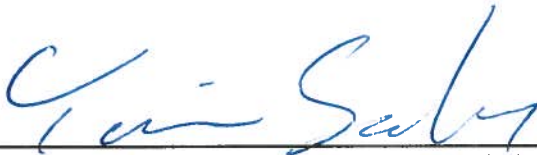
I, YASEMIN A. SALMAN

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.

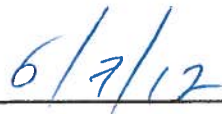
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

YASEMIN A. SALMAN

Print Name of Authorized Person



Date

Ownership Information

Business Name: My Weight Doctor Pharmacy, LLC

Doing Business As: My Weight Doctor Pharmacy

Physical/Contact Address: 1701 Rockville Pike, Suite A12, Rockville, MD 20850-6376

Business Phone Number: (240) 430-2503

Contact Phone Number: (240) 473-6656

FEIN: 45-3955883

State of Incorporation: Maryland

Sole Member: Yasemin A. Salman

Title: President

Percent Ownership: 100%

Contact Address: P.O. Box 34977, Bethesda, MD 20827-0977

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: United Pharmacy LLC
Physical Address: 3951 Haverhill Rd N #120-121, West Palm Beach FL 33417
Mailing Address: 3951 Haverhill Rd N #120-121
City: West Palm Beach State: FL Zip Code: 33417
Telephone: 561-616-9000 Fax: 561-616-9087
Toll Free Number: 855-445-4401 (Required per NAC 639.708)
E-mail: United3951@gmail.com Website: N/A
Managing Pharmacist: Philip Orzovitz License Number: PS18638

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 10 am 3 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 checked="" 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
---	--

60438

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.

M. Vesselov

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

Mikhail Vesselov

Print Name of Authorized Person

07/02/2012

Date

Board Use Only

Received: *JUL 16 2012*

Amount: *500.00*

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

State of Incorporation: Florida
Parent Company if any: _____
Corporation Name: United Pharmacy LLC
Mailing Address: 3951 Haverhill Rd N #120-121
City: West Palm Beach State: FL Zip: 33417
Telephone: 561-616-9000 Fax: 561-616-9087
Contact Person: Andy Triggs

For any corporation non publicly traded, disclose the following:

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

50% a) Mikhail Vesselov 2006 N Ocean Blvd, Apt 115W Boca Raton FL 33431
Name Address
50% b) Roman Shelhet 4405 Atlantic Ave, Brooklyn NY 11224
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100 shares

3) What was the price paid per share? Shares distributed to both owners

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 N/A

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

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, Mikhail Vesselov

Responsible Person of United 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.

M Vesselov

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

Mikhail Vesselov

Print Name of Authorized Person

07/02/2012

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 type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01588</u>)
<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: Wells Pharmacy Network, LLC
Physical Address: 1210 SW 33rd Ave Ocala, FL 34474
Mailing Address: 1210 SW 33rd Ave Ocala, FL 34474
City: Ocala State: FL Zip Code: 34474
Telephone: 352-622-2913 Fax: 352-690-6770
Toll Free Number: 800-622-4510 (Required per NAC 639.708)
E-mail: Sshapiro@wellsrx.com Website: www.wellspharmacynetwork.com
Managing Pharmacist: James Kilbride License Number: PS45624

Hours of Operation:

Monday thru Friday 8 am 6 pm Saturday 9 am 1 pm
Sunday on call 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
--	---

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.

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

Colleen S Shapiro managing member
Print Name of Authorized Person

7/19/12
Date

Board Use Only

Received: AUG 06 2012

Amount: 500.00

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

limited liability company

State of Incorporation: Florida

Parent Company if any: _____

Corporation Name: Wells Pharmacy Network, LLC

Mailing Address: 1210 SW 33rd Ave

City: Ocala State: FL Zip: 34474

Telephone: 352-622-2913 Fax: 352-690-6770

Contact Person: Linda McEldowney

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the ^{membership interests} shares were issued by the ^{limited liability company} corporation?

a) Memomon LLC 12405 Equine Lane, Wellington, FL 33414
Name Address

b) Shapiro Family D-3 Trust 12405 Equine Lane, Wellington, FL 33414
Name Address

c) Colleen Stacy Shapiro 2010 Trust 12405 Equine Lane, Wellington, FL 33414
Name Address

d) OB Joyful Trust 364 Woodbine Rd, Stanford, CT 06903
Name Address

2) Provide the number of ^{membership interests} shares issued by the ^{limited liability company} corporation. A-2 preferred units - 1 million

3) What was the price paid per ^{membership interest} share? A-2 preferred units - \$1.00 Common units - \$0.0

4) What date did the ^{LLC} corporation actually receive the cash assets? Sept 2011

5) Provide a copy of the ^{LLCs} corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership. NONE

Name: _____ %: _____

Name: _____ %: _____

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, Colleen S Shapiro

Responsible Person of Wells Pharmacy Network, 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.

Colleen S Shapiro

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

Colleen S Shapiro managing member

Print Name of Authorized Person

7/19/12

Date

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Safety

Franck's Compounding Pharmacy Sterile Preparations: Reports of Fungal Endophthalmitis, Expanded Recall

[Posted 05/24/2012]

AUDIENCE: Ophthalmology, Urology, Primary Care, Pharmacy

ISSUE: FDA is notifying all physicians and medical care organizations who have ordered any compounded product sold as a sterile preparation by Franck's Compounding Pharmacy of Ocala, Florida, of the recall of all sterile products sold by Franck's since November 2011 due to the possibility of lack of sterility.

BACKGROUND: The recall is being carried out to the user/physician level. An active investigation of this matter by the CDC and FDA is ongoing at this time. In March 2012, FDA received reports of fungal endophthalmitis (eye infections) in patients who were given Brilliant Blue G (BBG), supplied by Franck's Pharmacy, during eye surgeries. Clinicians in several states reported the adverse events. In April 2012, FDA received reports of eye infections in patients who were given injections of Franck's drug products containing triamcinolone during eye surgery.

RECOMMENDATIONS: FDA advises that any product received from Franck's since November 2011 not be used and customer/physicians follow the instructions provided by Franck's. FDA also recommends that any adverse events suspected to be associated with use of the products be reported to FDA:

- Complete and submit the report Online: www.fda.gov/MedWatch/report.htm¹
- [Download form](#)² or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178

[05/24/2012 - [Press Release](#)³ - Franck's Compounding Pharmacy]

[05/04/2012 - [MMWR Weekly Report](#)⁴ - CDC]

Previous MedWatch Alerts:

[03/19/2012 - [Brilliant Blue G Recall](#)⁵]

Page Last Updated: 05/25/2012

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Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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U.S. Department of **Health & Human Services**

Links on this page:

1. <http://www.fda.gov/MedWatch/report.htm>
2. </Safety/MedWatch/HowToReport/DownloadForms/default.htm>
3. </Safety/Recalls/ucm305509.htm>



Notes from the Field: Multistate Outbreak of Postprocedural Fungal Endophthalmitis Associated with a Single Compounding Pharmacy – United States, March–April 2012

Weekly

May 4, 2012 / 61(17);310–311

On March 5, 2012, the California Department of Public Health was notified of nine cases of clinically diagnosed fungal endophthalmitis at a single California ambulatory surgical center. The initial investigation, led by the Los Angeles County Department of Public Health, determined that in all cases patients had undergone vitrectomy with epiretinal membrane peeling using a dye called Brilliant Blue-G (BBG) from Franck's Compounding Lab, Ocala, Florida. This investigation has since expanded to involve intravitreal injection of triamcinolone-containing products from Franck's, an overall total of 33 cases in seven states, and collaboration between state and local health departments, CDC, and the Food and Drug Administration (FDA). This report describes the current investigative findings. Clinicians should be aware of the ongoing investigation and should avoid use of compounded products labeled as sterile from Franck's during this ongoing investigation.

A probable case is defined as ophthalmologist-diagnosed fungal endophthalmitis occurring in a patient who underwent an invasive ophthalmic procedure, including but not limited to vitrectomy, corneal surgery, or intravitreal injections on or after August 23, 2011, the production date of the contaminated BBG lot. Confirmed cases meet criteria for probable infection and also have fungi identified from the affected eye by culture, genetic sequencing, or histopathology. Active case-finding in this investigation has included calls for cases through Epi-X postings, FDA MedWatch alerts, ClinMicroNet microbiology laboratories, e-mails sent to all members of two professional ophthalmology societies, and state and local health alerts.

As of April 30, a total of 33 confirmed and probable cases have been identified, with earliest onset of symptoms in November 2011. Of these, 20 cases (13 probable and seven confirmed) are associated with BBG dye use, and 13 (two probable and 11 confirmed) are associated with triamcinolone use. All BBG or triamcinolone products administered to patients reportedly were purchased from Franck's. All available isolates from the seven confirmed cases associated with BBG dye use were identified by culture or genetic sequencing as the mold *Fusarium incarnatum-equiseti* species complex. All available isolates from the 11 confirmed cases that occurred following intravitreal injection of triamcinolone-containing products have been identified as the mold *Bipolaris hawaiiensis*. Both *Fusarium* and *Bipolaris* are ubiquitous molds present in air, soil, and water. Among the 30 patients for whom data are available, 23 (77%) have suffered some degree of vision loss, ranging from partial to severe, or worsened vision because of infection; 24 (80%) have required repeat ophthalmic surgery.

Culture of unopened bottles and intact (unused, pharmacy-prepared) syringes of BBG dye collected by FDA yielded multiple bacterial and fungal species, including *F. incarnatum-equiseti* species complex, *Rhodotorula*, *Bullera*, *Pseudomonas*, and *Enterobacter* species. Microbiologic testing of triamcinolone-containing products from Franck's is ongoing. On March 9, Franck's recalled all BBG dye lots; on March 31, a single lot of triamcinolone was recalled. The investigation to identify the root cause of product contamination is ongoing. The pharmacy has not recalled or halted production of other sterile compounded products, which, in addition to ophthalmic preparations, include

chemotherapy and numerous other medications administered by injection (including intrathecal and epidural), inhalation, and intranasal routes.

Postprocedural endophthalmitis is uncommon, complicating 0.04% of either intravitreal injections or pars plana vitrectomies (1,2). The majority of these infections are bacterial; fungal infection is rare and often is diagnosed only after a patient has failed empiric antibacterial therapy. Clinicians are encouraged to be vigilant for postprocedure adverse events, particularly among patients who have received a product labeled as sterile from Franck's, and should consider methods to confirm and treat possible fungal infection.

Compounding pharmacies, which combine or alter medications from standard preparations, provide needed formulations that often are not available from pharmaceutical companies. Compounded sterile preparations must be prepared according to aseptic practices recommended by organizations such as the United States Pharmacopeia, as stated in *United States Pharmacopeia–National Formulary* (3). However, contamination of compounded sterile preparations has caused outbreaks. Since 1990, FDA has learned of approximately 200 adverse events associated with 71 compounded products (4). A recent outbreak of bacterial endophthalmitis following intravitreal injection of contaminated bevacizumab occurred after breaches in aseptic technique at a different compounding pharmacy (5).

Because of the seriousness of endophthalmitis and because the full extent of the outbreak and root cause of contamination remain unknown, CDC recommends that, at this time, clinicians avoid use of compounded products labeled as sterile from Franck's. Health-care providers should maintain a heightened suspicion for infections among patients who received compounded products labeled as sterile from Franck's and should report suspected infections to their local and state health departments for further investigation. Patients also should avoid use of compounded products labeled as sterile from Franck's and report adverse events or suspected infections promptly to their physician.

Reported by

Suber Huang, MD, Pravin Dugel, MD, American Society of Retina Specialists, Chicago, Illinois. George Williams, MD, American Academy of Ophthalmology. Moon Kim, MD, Kelsey Oyong, MPH, Clara Tyson, MSN, Laurene Mascola, MD, Los Angeles County Dept of Public Health. Kavita K. Trivedi, MD, California Dept of Public Health. Julie Duran, MPH, Colorado Dept of Public Health and Environment. Shannon Millay, MPH, Indiana State Dept of Health. Stephanie Black, MD, Chicago Dept of Public Health; Judith Conway, Illinois Dept of Public Health. Susanne Straif-Bourgeois, PhD, Louisiana Office of Public Health. Rick Sowadsky, MSPH, Nevada State Health Div. Ellen H. Lee, MD, New York City Dept of Health and Mental Hygiene. Tom Török, MD, Benjamin Sun, DVM, Career Epidemiology Field Officer Program, Office of Public Health Preparedness and Response; Shawn Lockhart, PhD, Julie Harris, PhD, Benjamin J. Park, MD, Div of Foodborne, Waterborne, and Environmental Diseases, National Center for Emerging and Zoonotic Infectious Diseases; Rachel Smith, MD, Christina Mikosz, MD, Raymund Dantes, MD, Yoran Grant, PhD, EIS officers, CDC. **Corresponding contributors:** Christina Mikosz, dexo@cdc.gov, 213-240-7941; Rachel Smith, vihg@cdc.gov, 404-639-7738.

References

1. Chen E, Lin MY, Cox J, Brown DM. Endophthalmitis after intravitreal injection: the importance of viridans streptococci. *Retina* 2011;31:1525–33.
2. Eifrig CWG, Scott IU, Flynn HW, Smiddy WE, Newton J. Endophthalmitis after pars plana vitrectomy: incidence, causative organisms, and visual acuity outcomes. *Am J Ophthalmol* 2004;138:799–802.
3. Kastango ES, Bradshaw BD. USP chapter 797: establishing a practice standard for compounding sterile preparations in pharmacy. *Am J Health Syst Pharm* 2004;6:1928–38.
4. Food and Drug Administration. The special risks of pharmacy compounding. Silver Spring, MD: US Department of Health and Human Services, Food and Drug Administration; 2007. Available

US Department of Health and Human Services, Food and Drug Administration; 2007. Available at <http://www.fda.gov/forconsumers/consumerupdates/ucm107836.htm>. Accessed April 30, 2012.

5. Goldberg RA, Flynn HW, Isom RF, Miller D, Gonzalez S. An outbreak of streptococcus endophthalmitis after intravitreal injection of bevacizumab. *Am J Ophthalmol* 2012;153:2048.e1.

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.

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****Questions or messages regarding errors in formatting should be addressed to mmwrq@cdc.gov.**

Page last reviewed: May 04, 2012

Page last updated: May 04, 2012

Content source: [Centers for Disease Control and Prevention](#)

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA

800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, New Hours of Operation

8am-8pm ET/Monday-Friday

Closed Holidays - cdcinfo@cdc.gov



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Safety

Brilliant Blue G Compounded by Franck's: Recall of Unapproved Drug - Ongoing Investigation of Fungal Endophthalmitis Cases

[UPDATED 05/04/2012] The Centers for Disease Control and Prevention (CDC) has advised healthcare personnel to avoid use of compounded products labeled as sterile from Franck's during the ongoing investigation.

[UPDATED 04/20/2012] FDA issues second warning to physicians regarding certain compounded drugs from Franck's. FDA received reports of eye infections in patients who were given injections of drug products containing triamcinolone during eye surgery.

[Posted 03/19/2012]

AUDIENCE: Ophthalmology, Risk Manager

ISSUE: FDA has received reports of fungal endophthalmitis (eye infections) in patients who were given Brilliant Blue G (BBG), supplied by Franck's Pharmacy, during eye surgeries. Clinicians in several states reported the adverse events. FDA, along with CDC and local and state public health agencies, are actively investigating these adverse events.

BACKGROUND: The BBG was supplied by Franck's Compounding Lab, Ocala, Florida. Franck's Pharmacy issued a recall on March 9, 2012, of all lots of Brilliant Blue G and issued a recall letter ([link below](#)). Brilliant Blue G is not an approved drug in the U.S.

RECOMMENDATION: Immediately quarantine and return any remaining Brilliant Blue G product from Franck's Compounding Lab. This includes all lots of Brilliant Blue G received from Franck's.

FDA requests that practitioners report to MedWatch any cases of endophthalmitis, fungal or bacterial, that occurred within the last six months, associated with eye surgery in which Brilliant Blue G from any source was used.

Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

- Complete and submit the report Online: www.fda.gov/MedWatch/report.htm¹
- [Download form](#)² or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178

[05/04/2012 - [MMWR Weekly Report](#)³ - CDC]

[05/04/2012 - [Press Release](#)⁴ - FDA]

[04/20/2012 - [Related MedWatch Alert](#)⁵ - FDA]

[03/19/2012 - [Warning Statement](#)⁶ - FDA]

[03/09/2012 - [Recall Letter](#)⁷ - Franck's Pharmacy]

Page Last Updated: 05/04/2012

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
[Email FDA](#)

Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: On-Time Medical Supply LLC
Physical Address: 3333 S. Maryland Pky #1 Las Vegas NV 89169
(This must be a business address, we can not issue a license to a home address)
Mailing Address: (Same) 3333 S. Maryland Pky #1
City: Las Vegas State: NV Zip Code: 89169
Telephone: 702 524 8090 Fax: 702-605-6906
E-mail: candishendrix@yahoo.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6
Fri: 9 to 7 Sat: 9 to 5 Sun: 12 to 4 Holidays: on call to closed

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Candis Hendrix

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Candis Hendrix Telephone: 702 524 8090

60774

CH.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

N/A _____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

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

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

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Candis Hendrix

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

Candis Hendrix

Print Name of Authorized Person

8-8-12

Date

Board Use Only

Received: _____

Amount: *500.00*

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name:	<u>Geraldine Aguirre</u>	%:	<u>90</u>
Name:	<u>Candis Hendrix</u>	%:	<u>10</u>
Name:	<u>N/A</u>	%:	<u>N/A</u>
Name:	<u>N/A</u>	%:	<u>N/A</u>

Partnership Name: On-Time Medical Supply LLC

Mailing Address: 3333S. Maryland Pky #1

City: Las Vegas State: NV Zip Code: 89169

Telephone Number: 702 524 8090 Fax Number: 702 605 6900

Contact Person: Candis Hendrix

PARTNERSHIP

Include with the application for a partnership

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

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date 8-8-12

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for MDEG Retail
Nature of MDEG 3333 S. Maryland Pky # 1
On-Time Medical Supply Las Vegas NV 89169
Name and Address of Business for Which MDEG Administrator Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

CH

1. PERSONAL INFORMATION:

Hendrix Candis Juanita Lee
Last Name First Name Middle Name

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

3737 Singing Lark Ct. N. Las Vegas NV 89032
Present Residence Address-Street or RFD City State/Zip

N/a N/a N/a
Present Business Address Dates City State/Zip

N/a N/a
Present Position with the MDEG Dates

Phone Fax

Email address:

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

24 Female
Age Sex

Blue Blonde 155 5'3"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Chinese
Symbol on Right Hip.

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

If alien, registration No N/a

If naturalized, certificate No N/a Date N/a

Place N/a (If naturalized, document must be verified.)

CA

EMPLOYMENT:

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

2/2010	alternacare 1100 W. Cherokee, Sallisaw OK 74955	40/wk
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Store Manager	all operations	Glen Bennett
Title	Description of Duties	Name of Supervisor
N/a	N/a	N/a
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/a	N/a	N/a
Title	Description of Duties	Name of Supervisor
N/a	N/a	N/a
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/a	N/a	N/a
Title	Description of Duties	Name of Supervisor
N/a	N/a	N/a
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/a	N/a	N/a
Title	Description of Duties	Name of Supervisor
N/a	N/a	N/a
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/a	N/a	N/a
Title	Description of Duties	Name of Supervisor
N/a	N/a	N/a
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/a	N/a	N/a
Title	Description of Duties	Name of Supervisor

CH

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

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

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

a) Board Administrative Action:
b)

State: N/A

Date: N/A

Case Number: N/A

c) Criminal Action:

State: N/A

Date: N/A

Case Number: N/A

County: N/A

Court: N/A

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

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

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

Yes ☒ No ☐

5 or 6 please provide a written letter of explanation.



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 8-1-12

CH

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

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

Candis Hendrix
Original Signature of Applicant

Candis Hendrix

3737 Singing Lark Ct North Las Vegas, NV 89032
Phone

Objective

Complete with knowledge of all Medical Equipment installation and maintenance to better help serve the public and train employees. Highly motivated and enthusiastic about using my personal knowledge in providing safety and comfort to the residences of Las Vegas threw my very own DME Store.

Experience

Alternacare- Sallisaw, OK

2/2010-6/2012

- Office Manager- JACHO Accreditation management, trained employees, managed inventory, all equipment and supply ordering, customer service, sales and advertising, daily deposits, delivery driver, ensured all orders of operation were complete.

Sharpe's Department Store- Sallisaw, OK

5/2009-2/2010

- Sales of all items in the store.
- Provided assistance to the manager in ordering, pricing and inventory.
- Assisted customers within the store and was a cashier when they were complete with their purchases.

Education

Phlebotomy Certified (Not Active)

Accomplished the required schooling, along with the necessary clinicals in Sequoyah Memorial Hospital. Achieved 100+ sticks & 100+ hours in the ER and on the Hospital floor

Las Vegas College, Las Vegas, NV

Medical Studies with a 4.0 Average- Medical Law and Ethics, Anatomy 1 & 2, Medical Terminology, Medical Billing, Accounting, Medical Health and Wellness, and Nutrition

Carl Albert- Sallisaw, OK

General studies focused in Criminal Justice

Sallisaw High School- Sallisaw, OK

Graduated class of 2006, Yearbook Editor and participated on a Softball team.

Skills

- Several Years in management
- Installation of all Medical Equipment
- Extremely Organized
- Account Maintenance
- JACHO Accreditation Experience
- Inventory Control and Management
- Ordering of Supplies and Equipment
- Sales and Advertising
- Employee Training
- CPR Certified

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8-8-12

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 MDEG Retail
On-Time Medical Supply Nature of License 3333 S. Maryland PKY #1
N/A Name and Address of Establishment for Which License Is Requested Las Vegas NV 89169
N/A If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Hendrix Candis Juanita Lec
 Last Name First Name Middle Name
N/A

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

3737 Singing Lark ct N. Las Vegas NV 89032
 Present Residence Address-Street or RFD City State/Zip

N/A N/A N/A
 Present Business Address Dates City State/Zip

N/A N/A N/A
 Occupation Dates Phone: Residence Business

N/A N/A N/A
 Date of Birth Place of Birth (City and State)

24 female
 Age Sex

Blue Blonde White 155 medium 5'3"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Chinese symbol on
Right Hip

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

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial CH Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
 Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
 S.S. No. N/A
 Date of Birth N/A Place of Birth N/A
 Resident address N/A
 Street City State Zip
 Telephone: Residence N/A Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
 Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>N/A</u>			

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial

CH

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father Duwayne P. Hendrix		12790 S. 4230 Rd Chelsea, OK 74016	General Foreman
Mother Tamera Hendrix(Rininger)		321 S. main Sallisaw OK 74955	Disabled
Father-in-Law N/A			
Mother-in-Law N/A			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Jamie Crump		321 S. main Sallisaw OK 74955	Not employed
Spouse N/A			
Tori Crump		321 S main Sallisaw OK 74955	Not employed
Spouse N/A			
Donald Crump		321 S. main Sallisaw OK 74955	Not employed
Spouse N/A			
N/A			
Spouse N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Courtney Jr. High	5301 E. Hacienda Las Vegas NV	94 / 02
High School	See attached		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	See attached.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any See attached.College or university where obtained See attached.

Applicant's initial

CH

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

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

B. Have you registered for the draft?

Yes ☐ No ☒County N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant's initial CD

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
4/09 - 6/12	703 S. Elm	Sallisaw	OK 74955
6/08 - 4/09	3125 W. Warm Springs	Henderson	NV 89014
2/07 - 6/08	3331 E. University	Las Vegas	89121
7/06 - 2/07	214 Summer Circle	Sallisaw	OK 74955
2/06 - 7/06	RR3 Box 17	Sallisaw	OK 74955
7/04 - 2/06	RR1 Box 10-C	Sallisaw	OK 74955
5/97 - 7/04	825 Tollbrook way	Henderson	NV 89011
5/94 - 5/97	4801 E Tropicana	Las Vegas	NV 89121
5/88 - 5/94	1458 N. Pine	Orange	CA 92867

Applicant's initial CH

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
2/10-6/12	alternacare 1100 W. Cherokee Sallisaw OK 74955	Moved
Title	Description of Duties	Name of Supervisor
Store Manager	all Operations	Glen Bennett
6/11-9/11	Sequoia Memorial Hospital 213 E. Redwood Sallisaw OK	Only Clinicals
Title	Description of Duties	Name of Supervisor
Phlebotomist	Blood draws	Rod Click
5/09-2/10	Sharpes 2000 E. Cherokee Sallisaw OK 74955	Better Job
Title	Description of Duties	Name of Supervisor
Sales	all duties of Operation	Gina (unable to contact cant remember last name)
5/08-4/09	Comfort Keepers 1300 N. Boulder Hwy Henderson NV 89101	Moved suddenly due to family
Title	Description of Duties	Name of Supervisor
PCA	General Care	Gina (unable to contact cant remember last name)
6/08-4/09	Las Vegas College 170 N. Stephanie Henderson NV 89074	Moved
Title	Description of Duties	Name of Supervisor
Student	Student	Sandy N/A
2/07-4/08	Century 21 Consolidated 2620 R. Domingo Las Vegas NV 89121	Traveled Europe
Title	Description of Duties	Name of Supervisor
Receptionist	General Office duties	Sandy Mickle
3/06-1/07	closed-Sallisaw OK	moved
Title	Description of Duties	Name of Supervisor
Sales Cashier	Cashier	Dandra Randolph
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A

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

Applicant's initial

CH

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
Phyllis Derrick	Home 1024 Farris Dr.	Muskogee	OK	74403		5
Alternacare	Business alternacare/Economy Pharmacy,	Muskogee	OK			
Tom Mitchell	Home PO Box 178	Sallisaw	OK	74955		5
Healthcare Innovations	Business RN @ Healthcare Innovations	Sallisaw	OK			
Morgan Prewitt	Home 123 S. Maddison	Sallisaw	OK	74955		
Peters agency	Business Peters agency Home Health + Case Management					5
Joe Ledford	Home PO Box 2168	Sallisaw	OK	74955		
Sallisaw Health and Wellness	Business RN @ Sallisaw Health and Wellness					7
Erma Nowlan	Home E 1038 Rd Vian	OK	74962			5
Healthcare Innovations	Business RN + Case Manager at Healthcare Innovation					

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

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

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

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

Yes ☐ No ☒
If yes, state type, where and years held

N/A

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.

N/A

Applicant's initial

CH

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

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

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

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

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

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

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

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



Date of photograph _____

Applicant's initial CH

STATE OF Nevada ss.

COUNTY OF Clark

I, Candis Hendrix, 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,

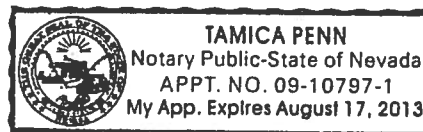
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Candis Hendrix
Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of

August, 2012
[Signature]
Notary Public

(seal)



Applicant's initial CH
Page 9

ADDITIONAL INFORMATION

C- Step Mother - Laurie (Coughlin) Hendrix
DoB 12790 S. 4230 Rd Chelsea OK 74016
Registered Respiratory Therapist

D4 - High School - Basic High School
Henderson, NV 2002-2004

College - Carl Albert State College
Sallisaw OK 74955

Las Vegas College
Henderson, NV 2008-2009

Other - Phlebotomy Certified
Indian Capital Tech Center
Sallisaw OK

CPR Certified
1st aid Certified

Applicant's initial

CH

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8-8-12

GENERAL INSTRUCTIONS

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Application for MDEG Retail
On-Time Medical Supply Nature of License 333.3 S. Maryland Pkwy Unit 1
Name and Address of Establishment for Which License Is Requested Las Vegas, NV 89169
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Aguirre Geraldine Ann
Last Name First Name Middle Name
Gerrie, Geraldine Grilaiva
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

2880 Florence Ave Las Vegas NV 89120
Present Residence Address-Street or RFD City State/Zip

439 Rock Quarry Las Vegas NV 89032
Present Business Address City State/Zip

Catering 1990-Present NV 89032
Occupation Dates State/Zip

Phone:
Residence
Business

 Morenci AZ USA
Date of Birth Place of Birth (City, County, State)

52 Female
Age Social Security Number Sex

Brown Brown Medium 160 Medium 5' 7"
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial jsa
Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
 Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
 S.S. No. N/A
 Date of Birth N/A Place of Birth N/A
 Resident address N/A
 Street City State Zip
 Telephone: Residence N/A Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Frank Alcantar	← 8-18-11		Divorced	Las Vegas, Clark, NV
Joseph Aguirre	← 10-29-97		Divorced	Las Vegas, Clark, NV
Rudy Flores	← 11-15-11		Divorced	Las Vegas, Clark, NV

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

Name	Street	City	State	Zip	Telephone
Frank Alcantar	7262 Windy Peak	Las Vegas	NV	89113	
Joseph Aguirre			Deceased		
Rudy Flores	1806 Banktown Way	Paris	CA	97571	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Birth Place	Residence Address
-------------	-------------------

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial SA

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact 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

Pete Grigalva		7321 E Molina Dr. Safford AZ 85546	Retired carpenter.
---------------	--	------------------------------------	--------------------

Mother

Olivia Marshall		Deceased	
-----------------	--	----------	--

Father-in-Law

N/A

Mother-in-Law

N/A**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Mike Grigalva		49 Laffette Las Vegas NV 89110	Disabled
Spouse Isabel Grigalva		1 49 Laffette Las Vegas NV 89110	PT Services
Dena Ochoa		3 4523 El Campana Las Vegas NV 89102	Disabled
Spouse <u>N/A</u>			

Tammara Hendrix		321 S. Main Sallisaw, OK 74955	Disabled
Spouse <u>N/A</u>			

N/A

Spouse

N/A**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School San Manuel Jr. High	San Manuel AZ	1971-1976	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Morenci High	Morenci AZ	1976-1978	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>N/A</u>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any N/ACollege or university where obtained N/A

Applicant's initial

SA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

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

B. Have you registered for the draft?

Yes ☐ No ☒County N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ 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
<u>N/A</u>				

Applicant's initial jsa

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
Nov 1998 - Present	2880 Florence Ave	Las Vegas	NV 89120
Mar 1996 - Nov 1998	4800 E Tropicana Ave	Las Vegas	NV 89121
Nov 1993 - Mar 1996	8615 mesa oak Dr.	Riverside	CA 92508
1985 - Nov 1993	3862 Carthage	Riverside	CA 92501

Applicant's initial jsa Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 1994	Carefree Catering 439 Rock Quarry Way Las Vegas 89032	Currently Still Owned
Title	Description of Duties	Name of Supervisor
Owner	Mobile Food Catering	Self-Employed
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
March 1980	John's Manville Fiber Glass	CLOSED moved
Title	Description of Duties	Name of Supervisor
Machine Operator	Fiberglass Operator	Guy Hartzell
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		

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

Applicant's initial jsa

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>Connie DelSardo</u>	Home	<u>3145 Espanol dr</u>	<u>Las Vegas NV</u>	<u>89121</u>		<u>7</u>
Employer <u>Retired</u>	Business	<u>N/A</u>				
Name <u>Cesar Velazquez</u>	Home	<u>506 Leap frog</u>	<u>Las Vegas NV</u>	<u>89109</u>		<u>7</u>
Employer <u>CMC cameras</u>	Business	<u>n/a</u>				
Name <u>Jose Bolanos</u>	Home	<u>7600 S. Jones Blvd apt 1029</u>	<u>Las Vegas NV</u>	<u>89139</u>		<u>5</u>
Employer <u>Burger Bar</u>	Business	<u>n/a</u>				
Name <u>Irma Bolanos</u>	Home	<u>7600 S. Jones BLVD apt 1029</u>	<u>Las Vegas NV</u>	<u>89133</u>		<u>5</u>
Employer <u>Tax agent</u>	Business	<u>N/A</u>				
Name <u>Tyler Haddox</u>	Home	<u>3737 Singing Lark Ct</u>	<u>Las Vegas NV</u>	<u>89032</u>		<u>5</u>
Employer <u>Fitness 19</u>	Business	<u>N/A</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
<u>Safe deposit Box</u>	<u>Bank of America</u>	<u>Las Vegas NV</u>	<u>Geraldine Aguirre</u>
<u>3680 E. FLAMINGO RD.</u>	<u>LAS VEGAS, NV</u>	<u>89121</u>	

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

N/A

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.

N/A

Applicant's initial JA Page 7

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

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

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

N/A

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

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

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

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

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



Date of photograph 8-1-12

Applicant's initial JSa

STATE OF Nevada

SS.

COUNTY OF Clark

I, Geraldine Aguirre, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

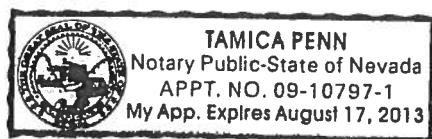
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Geraldine Aguirre
Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of

August, 2012
[Signature]
Notary Public

(seal)



Applicant's initial GA
Page 9

Geraldine Ann Aguirre

2880 Florence Lane
Las Vegas, Nevada 89120

Objectives: Local business owner with over 16 years experience in the high paced mobile food vending industry with a major focus on customer service and human interaction. Looking to transition into the Medical Supply industry to continue interest in working with and helping people.

Work Experience:

9/04 – Present **Joseph's Commissary** North Las Vegas, Nevada

Owner/Operator:

- Daily Administrative duties
- Oversee all Operating Procedures
- Oversee all Accounting and Financial recordings
- Establish and maintain Employee responsibilities and performances

5/96 – 9/04 **Carefree Catering** Las Vegas, Nevada

Owner/Operator:

- Serve daily breakfast and lunch to local construction workers from mobile food vending truck
- Manage other drivers and cooks whom operate other trucks owned by Carefree Catering
- Daily, weekly and monthly accounting and financial procedures and recordings

3/80 – 9/95 **John's Manville Fiberglass** Modesto, California

Machinist

- Machine and Fabricate various fiberglass applications

**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada**

Date 8-8-12

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 MOEG Retail
On-Time Medical Supply Nature of Pharmacy or Wholesaler 3333 S. Maryland Pkwy
Las Vegas, NV 89169
Name and Address of Business for Which Designated Representative Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Hendrix Candis Juanita Lee
Last Name First Name Middle Name
N/A

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

3737 Singing Lark Ct. North Las Vegas NV 89032
Present Residence Address-Street or RFD City State/Zip

N/A N/A N/A
Present Business Address Dates City State/Zip

N/A N/A
Present Position with the Pharmacy or Wholesaler Dates

Phone: N/A
Residence

Riverside, Riverside CA N/A
Business

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

24 Female
Age Sex

Social Security Number

Blue Blonde White 155 medium 5' 3"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics chinese symbol on Rt Hip

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

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial CH

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
 S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Residence

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 CH

FAMILY INFORMATION-Continued

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

Name N/a

Address N/a

Contact person N/a

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

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

Name (Maiden)	Birth Date	Address	Occupation
Father Duwayne P. Hendrix		12790 S. 4230 Rd Chelsea, OK 74016	General Foreman
Mother Tamera Hendrix (Kinninger)		321 S. main Sallisaw, OK 74955	Disabled
Father-in-Law N/a			
Mother-in-Law N/a			

D. Brothers and Sisters:

Note: Half Brother & Sisters from my mothers previous relationship

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
Jamie Crump		321 S. main Sallisaw OK 74955	Not Employed
Spouse N/a			
Tori Crump		321 S. main Sallisaw OK 74955	Not Employer
Spouse N/a			
Donald Crump		321 S. main Sallisaw OK 74955	Not Employed
Spouse N/a			
N/a			
Spouse N/a			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Courtney	5301 E. Hacienda	Las Vegas NV 89122	96-02 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School See attached			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College See attached			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University See attached			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other See attached			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any See Personal ProfileCollege or university where obtained N/aApplicant's initial arb

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

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

B. Have you registered for the draft?

Yes ☐ No ☒County N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ 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
<u>N/A</u>				

Applicant's initial CH

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
4/09 - 4/12	703 S. Elm	Sallisaw	OK 74955
6/08 - 4/09	3125 W. Warm Springs	Henderson	NV 89014
2/07 - 6/08	3331 E. University	Las Vegas	NV 89121
7/06 - 2/07	214 Summer Circle	Sallisaw	OK 74955
2/06 - 7/06	RR3 Box 17	Sallisaw	OK 74955
7/04 - 2/06	RR1 Box 10-C	Sallisaw	OK 74955
5/97 - 7/04	825 Tollbrook Way	Henderson	NV 89011
5/94 - 5/97	4801 E. Tropicana	Las Vegas	NV 89121
5/88 - 5/94	1458 N. Pine	Orange	CA 92667

Applicant's initial.....

CH

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	Phyllis Derrick	Home	1024	Farris Dr.	Muskogee OK	7403 5
Employer	Alternacare	Business	Alternacare	Economy Pharmacy	Muskogee OK	
Name	Tom Mitchell	Home	Po Box 178	Sallisaw OK	74955 7 5	
Employer	Healthcare Innovations	Business	RN @ Healthcare Innovations	Sallisaw OK		
Name	Morgan Peters	Home	123 S. Maddison	Sallisaw OK	74955 5	
Employer	Peters Agency	Business	Peters Agency Home Health	Sallisaw OK		
Name	Joe Ledford	Home	Po Box 2168	Sallisaw OK	74955 3 1	
Employer	Sallisaw Health & Wellness	Business	RN @ Sallisaw Health and Wellness	Sallisaw		
Name	Erma Nowlan	Home	E. 1038 Rd	Vian OK	74962 5	
Employer	Healthcare Innovations	Business	RN + Case Manager at Healthcare Innovations			

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

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

Yes ☐ No ☒

If yes, state type, where and years held

N/A

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

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

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

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

N/A

Applicant's initial

CH

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

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

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

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

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

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?

Yes ☒ No ☐

N/A

20. Will you be employed fulltime with the pharmacy or wholesaler?

Yes ☒ No ☐

N/A

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?

Yes ☒ No ☐

N/A

→ Consumer Retail Operation only

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE



Date of photograph

8-1-12

Applicant's initial

CH

STATE OF Nevada SS.

COUNTY OF Clark

I, Candis Hendrix, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

Candis Hendrix

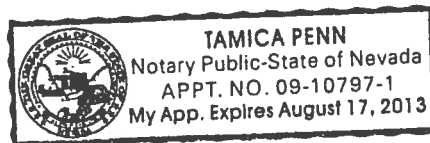
Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of

August, 2012

[Signature]
Notary Public

(seal)



Applicant's initial CH

ADDITIONAL INFORMATION

C- Step Mother - Laurie (Coughlin) Hendrix
DOB: 12790 S. 4230 Rd. Chelsea OK 74014
Registered Respiratory Therapist

D4 - High School - Basic High School
Henderson, NV 2002-2004

College - Carl Albert State College
Sallisaw OK 74955 2006-2007

Las Vegas College
Henderson NV 2008-2009

Other - Phlebotomy certified (Not Active)
Indian Capital Tech Center
Sallisaw OK

CPR Certified
1st Aid Certified.

Applicant's initial

CH

Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: STATE MEDICAL EQUIPMENT

Physical Address: 3027 E. SUNSET RD. SUITE F5G LAS VEGAS NV 89120
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3027 E. SUNSET RD. SUITE F5G

City: LAS VEGAS State: NV Zip Code: 89120

Telephone: 702-538-9555 Fax: 702-538-8433

E-mail: statemedicalequipment@yahoo.com Website: statemedicalequipment.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9AM to 5PM Sat: 10AM to 3PM Sun: Closed to _____ Holidays: Closed to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: ELNISA SARNO CUENCA

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: ROBERT SCHOLL Telephone: 702-374-2720

60710

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
- | | |
|---|----------------------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input checked="" type="checkbox"/> Respiratory Therapist | Name: <u>ROBERT SCHOLL</u> |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

May F. Cuenca
Original Signature of Person Authorized to Submit Application, no copies or stamps

MAY F. CUENCA
Print Name of Authorized Person

7-20-12
Date

Board Use Only

Received: AUG 06 2012

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: MAY F. CUENCA %: 80
Name: ELNISA S. CUENCA %: 10
Name: ROBERT SHOLL %: 10
Name: NA %: NA

Partnership Name: STATE MEDICAL EQUIPMENT

Mailing Address: 3927 E. SUNSET RD. SUITE F36

City: LAS VEGAS State: NV Zip Code: 89120

Telephone Number: 702-538-9555 Fax Number: 702-538-8433

Contact Person: MAY F. CUENCA

PARTNERSHIP

Include with the application for a partnership

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



3827 E. Sunset Rd. Suite F&G Las Vegas, NV 89120
Telephone Number: 702-538-9555 / Fax Number: 702-538-8433
statemedicalequipment.com * statemedicalequipment@yahoo.com

7/24/12

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

To whom it may concern,

This is a brief explanation for page 3 question number two. **Has the corporation, any owner(s) shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?**

I was denied a Board of Pharmacy License on January 19, 2012 because I was a licensed Respiratory Therapist trying to open a 100% ownership for DME in Las Vegas.

Should you have any questions or concern, please call me directly at 702-374-2720.

Thank you,

Robert Scholl

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

✓ Date 7-20-12

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for DURABLE MEDICAL EQUIPMENT RESPIRATORY & OXYGEN
Nature of MDEG

STATE MEDICAL EQUIPMENT / 13827 E. SUNSET ROAD LAS VEGAS NV 89120
Name and Address of Business for Which MDEG Administrator Is Requested

STATE MEDICAL EQUIPMENT
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

CUENCA ELNISA SARNO
Last Name First Name Middle Name

ELNISA DAUGHTER SARNO, ELENISA D. SARNO
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

5180 PLYMOUTH BAY COURT LAS VEGAS NV 89141
Present Residence Address-Street or RFD City State/Zip

3827 E. SUNSET RD. 1-28-11 LAS VEGAS NV 89120
Present Business Address Dates City State/Zip

Administrator 06-08-12
Present Position with the MDEG Dates

Phone: Fax: _____

Email address: _____

BAKOOR, CAVITE, PHILIPPINES
Place of Birth (City County State)

23 _____ F
Age Social Security Number Sex

BROWN BROWN 140 lbs. 5'2"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics LOWER BACK BUTTERFLY
TATTOO

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

If alien, registration No _____

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

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

<u>NOV. 2007 - JAN. 2010</u>	<u>MANILA DOCTORS HOSPITAL / UN. AVE. MANILA PH.</u>	<u>1,224 HRS.</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<u>OR / NURSE</u>	<u>OR MANAGEMENT, PATIENT CARE / MEDICATIONS</u>	<u>DR. NORMA DUMADAG</u>
Title	Description of Duties	Name of Supervisor

<u>AUG. 2008 - JAN. 2009</u>	<u>NATIONAL CHILDREN'S HOSPITAL / E. RODRIGUEZ QUEZON CITY, PHIL.</u>	<u>102 HRS.</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<u>WARD NURSE</u>	<u>PATIENT CARE / MEDICAL ADMINISTRATION</u>	<u>NORMA PAULON RN.</u>
Title	Description of Duties	Name of Supervisor

<u>JUNE 2008 - JUN. 2009</u>	<u>TONDO MEDICAL CENTER / TONDO MANILA, PHIL.</u>	<u>270 HRS.</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<u>WARD / OR NURSE</u>	<u>OR MANAGEMENT, PATIENT CARE / MED. ADMIN.</u>	<u>DR. CRISTINA V. ACUETA</u>
Title	Description of Duties	Name of Supervisor

<u>MAR. 2008 - FEB. 2009</u>	<u>STA. PEREGRINA MATERNITY HSE. / MALABON CITY, PH.</u>	<u>408 HRS.</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<u>OR NURSE</u>	<u>ASSISTING ON BIRTH DELIVERIES</u>	<u>DENISE SEVILLA, RN.</u>
Title	Description of Duties	Name of Supervisor

<u>MAR. 2008 - DEC. 2008</u>	<u>ST. CLARE'S MEDICAL CENTER / MAKATI CITY, PH.</u>	<u>102 HRS.</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<u>WARD NURSE</u>	<u>PATIENT CARE, MEDICAL ADMINISTRATION</u>	<u>PHILIP RAMOS, RN.</u>
Title	Description of Duties	Name of Supervisor

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Title	Description of Duties	Name of Supervisor

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

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

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

a) Board Administrative Action:	State: <u>N/A</u>
b)	Date: <u>N/A</u>
	Case Number: <u>N/A</u>
c) Criminal Action:	State: <u>N/A</u>
	Date: <u>N/A</u>
	Case Number: <u>N/A</u>
	County: <u>N/A</u>
	Court: <u>N/A</u>

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

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

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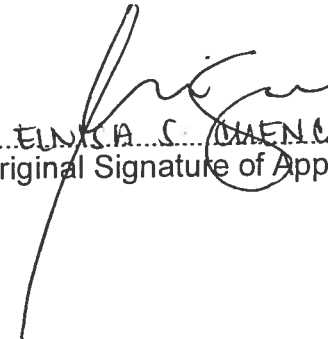
N/A



Date o

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

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


.....
Original Signature of Applicant

PERSONAL HISTORY RECORD

Date 7-20-12

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 Durable medical equipment and supplies
Nature of License
STATE MEDICAL EQUIPMENT LIMITED LIABILITY COMPANY 13027 E. SUNSET ROAD LAS VEGAS NV 89120
Name and Address of Establishment for Which License Is Requested
STATE MEDICAL EQUIPMENT
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

CUENCA ELNISA SARNO
Last Name First Name Middle Name
ELNISA BAUTISTA SARNO ELNISA B. SARNO
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
5100 PLYMOUTH BOY COURT LAS VEGAS NV 89141
Present Residence Address-Street or RFD City State/Zip
3027 E. SUNSET RD. DATES 11-12 LAS VEGAS NV 89120
Present Business Address City State/Zip
OWNER DATES 7-12
Occupation
Phone Residence Business Fax
BACOR, PHILIPPINES, CAVITE
Place of Birth (City, County, State)

23 F
Age Sex
BROWN BROWN FAIR 138 lbs. small 5'2
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics LOWER BACK BUTTERFLY TATTOO

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

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial ESC

A. **Current Marriage** N/A 09/24/11 SEPTEMBER 4, 2011 N/A LAS VEGAS, NV
Date City, County and State
 Spouse's full name (Maiden) CESARIO ENCARO CUENCA S. No.
 Date of Birth _____, Place of Birth TINIAN, GUAM
 Resident address 5180 PLYMOUTH BAY COURT LAS VEGAS, NV 89141
Street City State Zip
 Telephone: Residence _____, business _____
 Spouse's employer UNITED STATES ARMY Occupation US ARMY CAPTAIN
 Address of employer CPT. CUENCA, CESARIO ARCENT H-2 APO, AE 09304
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>N/A</u>			

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial ESC

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

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

NICOLAS M. SARNO		B3 L28 meadowood BACOOR, CAVITE PH.	self employed
------------------	--	-------------------------------------	---------------

Mother

EMELITA B. SARNO		B3 L28 meadowood BACOOR, CAVITE PH.	self employed
------------------	--	-------------------------------------	---------------

Father-in-Law

REGARIO O. CUENCA		77 DELMAR CONDO DEDEDO GUAM 96912	RETIRED
-------------------	--	-----------------------------------	---------

Mother-in-Law

FLORENCIA E. CUENCA		77 DELMAR CONDO DEDEDO GUAM 96912	TICKETING AGENT
---------------------	--	-----------------------------------	-----------------

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
---------------	------------	---------	------------

ISAIAH B. SARNO		meadowood BACOOR, CAVITE PH.	unemployed
-----------------	--	------------------------------	------------

Spouse

N/A

Spouse

N/A

Spouse

N/A

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School JESU GOOD SHEPHERD SCHOOL	CAVITE, PHIL.	1996 - 2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School RATIONIST ACADEMY	CAVITE, PHIL.	2002 - 2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University MANILA DOCTORS COLLEGE	MANILA, PHIL.	2006 - 2010	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other N/A			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BACHELOR'S DEGREE IN NURSING

College or university where obtained MANILA DOCTORS COLLEGE

Applicant's initial ESC

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

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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

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

County N/A State N/A Date registered N/A

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ 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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Applicant's initial ESC Page 4

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
JUNE 2012 - PRESENT	5180 PLUMOUTH BAY CT.	LAS VEGAS	NEVADA
SEPT. 2011 - MAY 2012	400 SOUTH LENZNER AVE.	SIERRA VISTA	ARIZONA
MAY 1989 - AUG. 2011	B12 LIB SANTOL ST.	MEADOWOOD BAROOR	CAVITE, PHILIPPINES

Applicant's initial ESC

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
JUN '12 - PRESENT	STATE MEDICAL EQUIPMENT (Pg. 10)	N/A
Title	Description of Duties	Name of Supervisor
OWNER/ADMINISTRATOR	MANAGEMENT OF OVERALL FACILITY	N/A
450 JUN '10 - MAY '12	UNEMPLOYED	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
NOV '07 - JAN '10	MANILA DOCTORS HOSPITAL (PAGE 10)	graduated
Title	Description of Duties	Name of Supervisor
OR, WARD NURSE	PATIENT CARE, & medical Admin.	DR. NORMA DUMADAG
JUN '08 - JUN '09	NATIONAL CHILDREN'S HOSPITAL (Pg. 10)	graduated
Title	Description of Duties	Name of Supervisor
WARD NURSE	Patient care & Medical Admin.	NORMA BAUZON RN.
MAR '08 - Feb '09	STA. DEFEYRINA MATERNITY HOUSE (Pg. 10)	graduated
Title	Description of Duties	Name of Supervisor
OR NURSE	ASSISTING ON BIRTH DELIVERIES	Denise Sevilla RN.
MAR '08 - DEC '09	ST. CLARE'S MEDICAL CENTER (Pg. 10)	graduated
Title	Description of Duties	Name of Supervisor
WARD NURSE	Patient care & medical Admin.	PHILIP RAMOS RN.
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

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

Applicant's initial ESC

7. 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>RONA MEI GREY</u>	Home	<u>N/A</u>			()	<u>more than 5yrs.</u>
Employer <u>Dependable Health Sys.</u>	Business	<u>CHINO</u>	<u>CA</u>	<u>91710</u>		
Name <u>TAN GREY</u>	Home	<u>N/A</u>			()	<u>5 years</u>
Employer <u>Dependable Health Sys.</u>	Business	<u>CHINO</u>	<u>CA</u>	<u>91710</u>		
Name <u>REX ROBLES</u>	Home	<u>N/A</u>			()	<u>5 years</u>
Employer <u>Well Call Inc.</u>	Business	<u>SAN DIEGO</u>	<u>CA</u>	<u>92139</u>		
Name <u>Edell de Castro</u>	Home	<u>CANOGA PARK</u>	<u>CA</u>	<u>91304</u>	()	<u>more than 5yrs.</u>
Employer <u>US AIR FORCE</u>	Business	<u>N/A</u>				
Name <u>TARA MANIQUIS</u>	Home	<u>NORTISTOWN</u>	<u>PA</u>	<u>19403</u>	()	<u>more than 5yrs.</u>
Employer <u>Eagleville Hospital</u>	Business	<u>N/A</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
<u>N/A</u>			

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

N/A

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.

N/A

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

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

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

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

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

17. Have you or any person with whom you have been a participant in any group ever been found guilty, pled 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 _____

Applicant's initial ESC

STATE OF NEVADA SS.

COUNTY OF CLARK

I, ELNISA S. CUENCA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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


Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of

July 2012


Notary Public



H. M. SAMARASEKERA
NOTARY PUBLIC
STATE OF NEVADA

My Commission Expires 10/01/2015
Certificate No. 08-6889-1

Applicant's initial

ESC

CONT. (Page 6)

Business Address

MANILA DOCTORS HOSPITAL — UNITED NATIONS AVE. MANILA, PHILIPPINES
NATIONAL CHILDREN'S HOSPITAL — E. RODRIGUEZ SR. AVE. QUEZON CITY, PHILIPPINES
TONDO MEDICAL CENTER — N. BOULEVARD TONDO MANILA, PHILIPPINES
STA. DEBEHINA MATERNITY HOUSE — 30 FLORES ST. FLORES CHAPEL MALABON, P
ST. CLARE'S MEDICAL CENTER — DIAN ST. MAKATI CITY, PHILIPPINES
STATE MEDICAL EQUIPMENT — 3827 E. SUNSET ROAD LAS VEGAS NV 89120

Applicant's initial

ESC

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7-20-12

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 hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for DURABLE MEDICAL EQUIPMENT RESPIRATORY & OXYGEN
 Nature of License
STATE MEDICAL EQUIPMENT - 3827 E. SUNSET RD. SUITE F&G LAS VEGAS NV 89120
 Name and Address of Establishment for Which License Is Requested
STATE MEDICAL EQUIPMENT
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

CUENCA MAY FLORES
 Last Name First Name Middle Name
MAY R. FLORES
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
4916 LONGSHOT DR. LAS VEGAS NV 89122
 Present Residence Address-Street or RFD City State/Zip
3827 E. SUNSET RD. F/G LAS VEGAS NV 89120
 Present Business Address City State/Zip
OWNER NOV-11 7
 Occupation Dates Phone:
 Residence
 Business
MANILA, PHILIPPINES
 Date of Birth Place of Birth (City, County, State)
43 F
 Age Social Security Number Sex
BROWN BLACK FAIR 140 LBS. SMALL 5'0"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics MOLE ON FOREHEAD

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

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial MFC

MARITAL INFORMATION-Continued

A. **Current Marriage** 10-20-00 GUAM USA
Date
 Spouse's full name (Maiden) ERWIN ENCABO CUENCA S.S. No
City, County and State
 Date of Birth _____ Place of Birth CAVITE CITY PHILIPPINES
 Resident address 4016 LONGSHOT DR. LAS VEGAS NV 89122
Street City State Zip
 Telephone: Residence () _____ Business () _____
 Spouse's employer HILTON GRAND VACATION Occupation FRONT DESK AGENT
 Address of employer 2650 LAS VEGAS BLVD SOUTH LV NV 89122
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
NA				

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

Name	Street	City	State	Zip	Telephone
NA					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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

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 WFC

FAMILY INFORMATION-Continued

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

Name NA
 Address NA
 Contact person NA

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

SIXTO A. FLORES N/A DECEASED
 Mother

MAGDALENA R. FLORES 911 T. MASCARDO ST. QC PHILIPPINES HOUSEWIFE
 Father-in-Law

CESARIO O. CUENCA 24 DELMAR CONDO DEDEDO GUAM 96912 RETIRED
 Mother-in-Law

FLORENCIA E. CUENCA 27 DELMAR CONDO DEDEDO GUAM 96912 TICKETING AGENT

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>MARINI ELEM SCHOOL</u>	<u>PHILIPPINES</u>	<u>1976-1982</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>LA CONSOLACION COLLEGE</u>	<u>PHILIPPINES</u>	<u>1982-1986</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>UNIVERSITY OF SANTO TOMAS PHILIPPINES</u>		<u>1986-1990</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other <u>NA</u>	<u>NA</u>	<u>NA</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any HOTEL AND RESTAURANT MANAGEMENT

College or university where obtained UNIVERSITY OF SANTO TOMAS PHILIPPINES

Applicant's initial MFC

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch NA Date of entry-active service NADate of separation NA Type of discharge NARating at separation NA Serial number NA

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? NA 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 NA State NA Date registered NA**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

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

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

NA

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? NA city, county and state NA

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

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
NA				
NA				
NA				

NA

Applicant's initial MFC

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
NA				

NA

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☐ If yes, complete the following.

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

NA

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
JUNE 2008 - PRESENT	40116 LONGSHOT DR	LAS VEGAS	NV CLARK
APRIL 2007 - MAY 2008	3750 ARVILLE ST. APT 425	LAS VEGAS	NV
JAN 2007 - APR. 2007	611 S. VIRGIL AVE #108	LOS ANGELES	CA
SEPT. 2006 - DEC. 2006	77 DELMAR CONDO	DEDEDO	GUAM
MAY 1993 - SEPT. 2006	P.O. BOX 5087 CHERB	GARAPAN	SHIRAN
MAY 1969 - MAY 1993	743-C MATAPANG ST.	QUIAPO MLA	PHILIPPINES

Applicant's initial.....MFC.....

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
MAY '87 - MAY '93	N/A	N/A UNEMPLOYED
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MAY '93 - SEPT. '06	HYATT REGENCY SAIPAN P.O. BOX 5083 HARB SAIPAN MP 96900	RESIGNED
Title	Description of Duties	Name of Supervisor
ASST. MANAGER	IN CHARGE OF CLUB AT THE HYATT PROGRAM	SANI CHENG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SEPT '06 - JUNE '07	N/A	N/A UNEMPLOYED
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUNE '07 - NOV '09	CENTURY 21 1800 E. WARM SPRINGS STE 120 W NV 89123	RESIGNED
Title	Description of Duties	Name of Supervisor
EXEC ADMIN ASST.	ASSISTING THE OWNER ON THE DAY TO DAY OPERATION	ION LAGUARDIA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
NOV '09 - JAN '11	HONES & KRIEGER ATTYS AT LAW 800 S. EASTERN AVE STE 180 LV NV 89123	RESIGNED
Title	Description of Duties	Name of Supervisor
EXEC. ADMIN ASST.	ASSISTING THE OWNER ON THE DAY TO DAY OPERATION	MICHAEL RICHMAN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN '11 - NOV '11	PATTERSON & ASSOCIATES LTD	RESIGNED
Title	Description of Duties	Name of Supervisor
LEGAL ASSISTANT	ASSISTING PARALEGALS ON THE DAY TO DAY OPERATION	LANCE BURBANK
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCT '11 - PRESENT	STATE MEDICAL EQUIPMENT 3627 E. SUNSET RD STE F/G CA NV 89120	NA
Title	Description of Duties	Name of Supervisor
OWNER	ASSISTING CO OWNERS ON THE DAY TO DAY OPERATION	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	NA	
Title	Description of Duties	Name of Supervisor

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

Applicant's initial MFC Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
EMANUEL GONZALES Name	122 N. ADAMS ST. #252	GLENDALE	CA	91206		24 YEARS
SUNDAY HEALTH CARE Employer	3210 W. PICO BLVD.	LA CA	90019			
ALVIN CORDOVEL Name	2046 WATERLILLY VIEW ST	HERNDON	VA	22044		17 YEARS
MANOMLAN RAY RESORT Employer	7450 LAS VEGAS BLVD SOUTH	LV NV	89119			
TERRY ENTIERREZ Name	4071 BLUE WILD RYE LUNV	89122				17 YEARS
UNIVERSITY OF MEDICAL Employer	1000 W. CHARLESTON LV NV	89102				
FELIPE PEDERNAU Name	699 WAKE AVE. #63 EL CENTRO	CA	92243			16 YEARS
Employer N/A	Business N/A					
VIOLETA LOPEZ Name	P.O. BOX 5087 CHRS SAIPAN	MP	96950			18 YEARS
HUATT REZEICH SAIPAN Employer	P.O. BOX 5087 CHRS SAIPAN	MP	96950			

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
NA			

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

N/A			
-----	--	--	--

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A			
-----	--	--	--

Applicant's initial MFC

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

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

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

N/A

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

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

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

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

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



Date of photograph.....

Applicant's initial MFC

STATE OF Nevada SS.

COUNTY OF Clark

I, MAY F. CUENCA, 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,

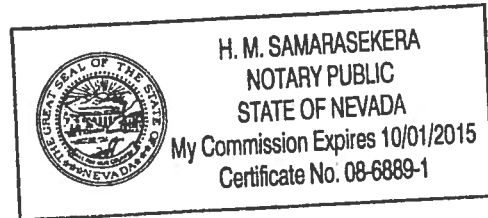
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

M. Cuenca
Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of

July 2012

[Signature]
Notary Public



(seal)

Applicant's initial MFC

PERSONAL HISTORY RECORD

Date 7-22-2012

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 Durable Medical Equipment
State Medical Equipment 3827 E. SUNSET RD. LAS VEGAS, NV 89120
 Name and Address of Establishment for Which License is Requested
State Medical Equipment
 If applicable, Name Under Which it is Now Operated

1. PERSONAL INFORMATION:

Schell Last Name Robert First Name Peterson Middle Name

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

4058 W El Campo Grande Ave LAS VEGAS NV 89031
 Present Residence Address-Street or RFD City State/Zip

3827 E Sunset Rd LAS VEGAS NV 89120
 Present Business Address City State/Zip

OWNER Occupation July 12 Date Phone: Residen: Business Fax

48 Date of Birth Brooklyn NY NY Place of Birth (City, County, State)

Green Color of Eyes BRN Color of Hair Fair Complexion 190 lbs Weight Med. Build 5'11" Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified,)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's Initial RRS

Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 9-16-99 TUCSON, PIMA, AZ
Date City, County and State
 Spouse's full name (Maiden) MARIVIL DAGATAN VELASCO S.S. No. L
 Date of Birth _____ Place of Birth MANILA PHILIPPINES
 Resident address 4058 W. EL CAMPO GRANDE AVE. N. LAS VEGAS, NV 89031
Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer ST ROSE SAN MARTIN HOSPITAL Occupation RN
 Address of employer 8280 W. WARM SPRINGS RD. LAS VEGAS, NV 89113
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>CRISTINA SCHUL</u>		<u>TUCSON AZ</u>	<u>DIVORCE</u>	<u>TUCSON, PIMA, AZ</u>

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

Name	Street	City	State	Zip	Telephone
<u>CRISTINA SCHUL</u>	<u>2946 W. LAQUILA AVE</u>	<u>TUCSON</u>	<u>AZ</u>	<u>85742</u>	

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>N/A</u>			

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial DRS

FAMILY INFORMATION-Continued

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

Name NAAddress NAContact person NA**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

Robert C Schol4423 BROOKHAWK CIR.Retired

Mother

BERNADETTE SCHOL4423 BROOKHAWK CIRRetired

Father-in-Law

VICENTE VELASCO521 A SILENCIO ST, STA MESA, PIRetired

Mother-in-Law

TERESITA VELASCO521 A SILENCIO ST, STA MESA, PIRetired**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
---------------	------------	---------	------------

BABETTE SCHOL/WILSON4423 BROOKHAWK CIRGM Golf Restaurant

Spouse

N/A

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>St. Williams the Abbot School NY</u>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>MARANA HIGH SCHOOL 1978-82 MARANA AZ</u>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>PIMA MEDICAL INSTITUTE LAS VEGAS NV 8-2005-6-2007</u>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any. Associate to BSCollege or university where obtained PIMA MEDICAL INSTITUTE LAS VEGAS NV

Applicant's initial

RS

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch NA Date of entry-active service NADate of separation NA Type of discharge NARating at separation NA Serial number NA

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

B. Have you registered for the draft? Yes ☒ No ☐County Pima State AZ Date registered 1982**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>NA</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ 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
<u>NA</u>				

Applicant's initial RB

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
NA				

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
9/2002 to present	4058 W El Campo Grande Ave	Holias Vegas, NV	CLARK
6/1993 to 9/2002	2946 W LAQUILA AVE	TUCSON	AZ 85742 PIMA
4/1996 to 6/1993	2842 W. MESA VERDE PL.	TUCSON	AZ 85742 PIMA

Applicant's initial

RLS

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
09/2007 to present	University Medical Center 1800 W Charleston Blvd	Still there
Title	Description of Duties	Name of Supervisor
	Respiratory Therapist, All RT Modalities - SUN, VENTS,	Alicia Jones
03/2006 to 06/07	Valley Hospital 620 Shadow Ln Las Vegas NV	Position open for students
Title	Description of Duties	Name of Supervisor
	Respiratory Tech All RT modalities - SUN'S, Ventilators,	DALE
07/04 to 04/06	University Medical Center 1800 W Charleston Blvd Las Vegas NV	WAS going to school
Title	Description of Duties	Name of Supervisor
	Cardiovascular Monitor Tech Setup + Monitor EKG - Patients	AGNES CRICKER
03/04 to 06/05	HealthSouth Corporation 2500 N. TENAYA WY Las Vegas NV	Moved to UMC for experience.
Title	Description of Duties	Name of Supervisor
	Cardiovascular Monitor Tech, monitor Patients EKG	GAIL SANDERS
02/03 to 03/04	Sara's Club 8080 W Tropical Pkwy Las Vegas NV	CHANGE IN CARRIER.
Title	Description of Duties	Name of Supervisor
	Lead Meat Cutter Supervisor, Inventory, Training	Eel
09/96 to 01/03	Albertson's Food & Drug 7399 N. La Cholla Blvd Tucson AZ	Moved to Las Vegas
Title	Description of Duties	Name of Supervisor
	Meat Cutter - Meat Cutting, Stocking, Ordering	WAYNE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
	NA	
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

RD5

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>Wade Bohn</u>	Home	<u>730 Sandy Hook, Henderson</u>	<u>NV</u>	<u>89052, 7</u>		<u>4 1/2 yrs.</u>
Employer <u>BUSINESS OWNER</u>	Business	<u>Shell Gas Station & Store</u>				
Name <u>Heidel Winidul</u>	Home	<u>3052 N. Spirewood St.</u>	<u>Orange, CA</u>	<u>92815</u>		
Employer <u>Hoguk Hospital</u>	Business	<u>Respiratory Therapist Manager</u>				
Name <u>Georgia Valmonte</u>	Home	<u>10289 Trillium Dr</u>	<u>Las Vegas, NV</u>	<u>89135</u>		<u>5 1/2 yrs</u>
Employer <u>UMC Hospital</u>	Business	<u>Respiratory Therapist</u>				
Name <u>Cassie Stapler</u>	Home	<u>8255 Flankies Terrace Dr</u>	<u>Las Vegas, NV</u>	<u>89123</u>		
Employer <u>UMC Hospital</u>	Business	<u>Respiratory Therapist</u>				
Name	Home					
Employer	Business					

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
<u>N/A</u>			

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 <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>				

If yes, state type, where and years held

Respiratory Therapist License # RC1400 Nevada 08/07 to present

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.

N/A

Applicant's initial

RR

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 ☐
Board of Pharmacy for DIME License

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 ☐ *Refused to pay?*

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

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

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

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



Date of photograph *7-22-12*

Applicant's initial *RR*

STATE OF Nevada SS.

COUNTY OF Clark

I, Robert Schell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

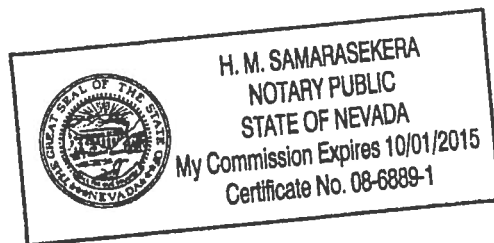
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Robert Schell

Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of

July 2012
[Signature]
Notary Public



(seal)

Applicant's initial RS

ADDITIONAL INFORMATION

To whom it may concern,

I WAS DENIED A BOARD OF PHARMACY ON 1-19-2012
CAUSE I WAS A LICENSED RESPIRATORY THERAPIST TRYING TO OPEN
A DME IN LAS VEGAS. SINCE I WAS A LICENSED PRACTITIONER
AND OWNED MORE THEN 10% OF THE BUSINESS I WAS DENIED.

THANK YOU,

Ralph P. Schen PRS

Applicant's initial

PRS



FAX

3827 E. Sunset Rd. Suite F&G Las Vegas, NV 89120

Telephone Number: 702-538-9555

Fax Number: 702-538-8433

FROM: STATE MEDICAL EQUIPMENT TO: Atty. Caroline Cramer

SUBJECT: Nevada Business Registration FAX #: 1-775-850-1444

DATE: 8/9/12

PAGES: 2

(Including Cover Page)

URGENT ()

FOR REVIEW (x) :

REPLY ()

COMMENTS

NEVADA BUSINESS REGISTRATION

Important details are included in the instructions. Please type or print legibly in black ink. Each agency may request additional information depending on your type of business. Completing this form does not relieve you of any statutory or regulatory requirements relating to your business. Online registration is also available. See instructions.

1	I Am Applying For: * SEND A COPY TO EACH AGENCY		Unemployment Insurance (Employment Security Division - ESD)	<input checked="" type="checkbox"/> Sales/Use Tax Permit (Department of Taxation)	Modified Business Tax	Local Business License
2	<input checked="" type="checkbox"/> New Business <input checked="" type="checkbox"/> Change in Ownership/Business Entity <input type="checkbox"/> Change in Corporate Officers <input type="checkbox"/> Change in Name <input type="checkbox"/> Change in Location <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Add Location <input type="checkbox"/> Other					
3	Business Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Publicly Traded Corp <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> S Corp. <input type="checkbox"/> Privately Held Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other					
4	Corporate/Entity Name (as shown on State Business License): STATE MEDICAL EQUIPMENT LIMITED LIABILITY COMPANY				Corporate/Entity Telephone: (702) 538-9555	5 Federal Tax Identification Number
6	Corporate/Entity Address: 3827 E SUNSET RD. SUITE F&G LAS VEGAS, NEVADA 89120				City, State, and Zip Code +4 NEVADA	
7	Nevada Name (DBA): STATE MEDICAL EQUIPMENT				Business Telephone: (702) 538-9555	Fax: (702) 538-8433
8	E-mail Address: statemedicalequipment@yahoo.com		Website Address: statemedicalequipment.com		9 Nevada Business Identification #: (11 digits) NV 20121432077	
10	Mailing Address: 3827 E SUNSET RD. SUITE F&G LAS VEGAS, NEVADA 89120					
11	Location(s) of Nevada Business Operations: 3827 E SUNSET RD. SUITE F&G LAS VEGAS, NEVADA 89120					
12	Location of Business Records: 3827 E SUNSET RD. SUITE F&G LAS VEGAS, NEVADA 89120					
13	List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed. The Department of Taxation & Employment Security Division are the only agencies to require a SSN.					
	Last, First, MI: CUENCA, MAY, F.		Residence Address (Street): 4816 LONGSHOT DR.			
	Title: MANAGING MEMBER	Percent Owned: 80%	City, State, Zip +4: LAS VEGAS, NV 89122			
	Last, First, MI: CUENCA, ELNISA, S.		Residence Address (Street): 5180 PLYMOUTH BAY COURT			
	Title: MANAGING MEMBER	Percent Owned: 10%	City, State, Zip +4: LAS VEGAS, NV 89141			
	Last, First, MI: SCHOLL, ROBERT		Residence Address (Street): 4058 W. EL CAMPO GRANDE AVENUE			
	Title: MANAGING MEMBER	Percent Owned: 10%	City, State, Zip +4: NORTH LAS VEGAS, NV 89031			
	Responsible Local Contact (Last, First, MI & Title): CUENCA, MAY, F.		Residence Address (Street), City, State, Zip +4: 4816 LONGSHOT DR. LV NV 89122			
14	Date Business Started in Nevada: 7/1/12		Date First Worker Hired in Nevada:	Date of First Nevada Payroll:	Amount of First Nevada Payroll: 0.00	Number of Employees:
15	PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS					
	<input type="checkbox"/> Mining	<input type="checkbox"/> Domestic	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Adult Materials/Activity	<input type="checkbox"/> Amusement Machines
	<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Leased or Leasing Employees	<input type="checkbox"/> Alcohol
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales—New	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Leasing (Other than Employees)	<input type="checkbox"/> Gaming
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Transportation	<input type="checkbox"/> Retail Sales—Used	<input type="checkbox"/> Tire Sales	<input type="checkbox"/> Supply/Use Temporary Workers	<input type="checkbox"/> Health Services
	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Environmental Discharge	<input type="checkbox"/> Regulated by Federal/State Permit Number	<input type="checkbox"/> Registered Agent
						<input type="checkbox"/> Financial Institutions
						<input type="checkbox"/> Mortgage Brokers
						<input type="checkbox"/> Banker
						<input type="checkbox"/> Other
16	Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%. DURABLE MEDICAL EQUIPMENT RESPIRATORY AND OXYGEN SUPPLY - 100%					
17	NEVADA DEPARTMENT OF TAXATION If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section: Date Acquired/Changed: 7/1/12 Name(s) of Previous Owner(s): Address (Street): City: State: Zip Code +4: Enter Your Previous Nevada Sales/Use Tax Permit Number (if applicable): Dept. of Taxation Authorized Person's Signature: [Signature] Enter Previous Owner(s) ESD Account Number:					
18	I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing. *Signatures must be that of a responsible party.* Signature Responsible Party / Original: [Signature] Print Name And Title: MAY F. CUENCA, MANAGING MEMBER Date: 07/18/2012					

ORIGINAL SIGNATURES REQUIRED BY AGENCIES - KEEP A COPY FOR YOUR RECORDS

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. RespMed, Inc. – North Las Vegas

Robert Scholl appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Scholl explained that he is a respiratory therapist presently, however will be the facility administrator for RespMed if the application is approved. It was brought to Mr. Scholl's attention that in Nevada a healthcare professional cannot own more than 10% of an MDEG business. His wife, an RN, would only be allowed to be a 10% owner. Mr. Scholl indicated that he would put his Respiratory Therapist license in abeyance and become a 90% owner. He has a friend that is a respiratory therapist who could become the RT of record.

Board Action:

Motion: Kam Gandhi moved to approve the application for RespMed providing they submit an amended application.

Second: Russ Smith

Action: Passed Unanimously

C. State Medical Equipment – Las Vegas

May Cuenca, owner, and Alberto Ramos, administrator, appeared and were sworn by President Foster prior to answering questions or offering testimony.

The Board questioned Mr. Ramos regarding his experience with MDEG products. Mr. Ramos explained that he would be taking courses to become certified for administering diabetic supplies and he was not particularly knowledgeable in ostomy and urostomy supplies but it was his intention to learn. It was explained to Mr. Ramos that he needed to be knowledgeable in all the products he and Ms. Cuenca would be selling to ensure patient safety and until he became certified for those products the Board would feel comfortable granting a license only for assistive equipment and orthotics and prosthetics. They invited Mr. Ramos to return to the Board as he becomes familiar with the other products and obtains certification, and ask for inclusion of those products at a later date.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for State Medical Equipment for assistive equipment and orthotics and prosthetics only.

DISCUSSION AND DETERMINATION – SEPTEMBER 2012

MECHANICAL COUNTING DEVICES

NAC 639.725 (see attached)

Last meeting we had a case involving the errant filling a Baker Cell device. Our investigation found that the labeling of that device was not in compliance with the above referenced NAC and further that there were no records kept to document and identify what drugs had been in that device prior to this misfill (they were destroyed). Staff had to piece together employee duty logs and rely on pharmacy staff memory to see who was working that day and who might have filled that cell incorrectly. Staff feels that such information should be well documented and readily available as are all pharmacy records. In reviewing NAC 639.725, staff proposes that the following changes be made to that regulation:

- 1) (1)(a) the DATE of last filling be added
- 2) (1)(b) the DATE of last filling be added
- 3) (1)(b) the log that is required be maintained for two years as are all other pharmacy records

(f) The device must be located in such a place and manner that a person is unable to remove it from the hospital, and that attempts to obtain access to the device without authorization are visible to employees of the hospital.

(g) Before the device is used to furnish a drug or medicine directly to a patient pursuant to paragraph (c), the manufacturer of the device must appear before the Board for its approval of that use of the device and submit evidence satisfactory to the Board that the device:

- (1) Furnishes drugs and medicines accurately; and
- (2) Otherwise satisfies the provisions of this subsection.

7. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

[Bd. of Pharmacy, § 639.320, eff. 6-26-80]—(NAC A 12-21-95; 5-20-96; R017-03, 10-21-2003; R043-07, 10-31-2007)

NAC 639.725 Use of mechanical counting device for dispensing medication to be taken orally. (NRS 639.070, 639.2655, 639.2801)

1. A mechanical counting device that is used by a pharmacy for dispensing medication to be taken orally must use one of the following methods to identify the contents of the device:

(a) The following information must be affixed to the front of each cell of the device:

- (1) The generic name or trade name of the medication;
- (2) The manufacturer of the medication;
- (3) The strength of the medication;
- (4) The expiration date of the medication;
- (5) The lot number of the medication; and
- (6) The initials of the pharmacist who:

(I) Placed the medication into the device; or

(II) Verified the correctness of the drug placed into the device when the drug was placed by a pharmaceutical technician, a pharmaceutical technician in training or an intern pharmacist; or

(b) A label that shows the generic name or trade name and the strength of the medication must be affixed to each cell of the device and a log must be kept for each cell which contains:

- (1) An identification of the cell by the name of the medication or the number of the cell;
- (2) The name of the manufacturer of the medication;
- (3) The expiration date of the medication;
- (4) The lot number of the medication;
- (5) The amount of the medication placed in the device; and
- (6) The initials of the pharmacist who:

(I) Placed the medication into the device; or

(II) Verified the correctness of the drug placed into the device when the drug was placed by a pharmaceutical technician, a pharmaceutical technician in training or an intern pharmacist.

2. The Board may prohibit a pharmacy from using a mechanical counting device for dispensing medication to be taken orally if the pharmacy does not identify the contents of the device in accordance with the provisions of subsection 1.

(Added to NAC by Bd. of Pharmacy, eff. 3-17-92; A by R039-06, 5-4-2006)

NAC 639.730 Inspection of damaged pharmaceuticals. (NRS 639.070) After a fire or other catastrophe in which pharmaceutical preparations, devices or appliances are damaged, the owner, operator or manager of the pharmacy shall not dispose of the damaged merchandise to any other person, until it has first been inspected and declared safe by the Board. If, in the opinion of the Board, such preparations, appliances or devices are unsafe or unfit for use, they must be destroyed.

[Bd. of Pharmacy, § 639.310, eff. 6-26-80]

PHARMACY TECHNICIAN DIVERSION IN PHARMACIES

The continued diversion of controlled substances by pharmacy technicians remains troublesome for all of us. As you are all aware, staff hosted a committee of representatives throughout our industry as well as law enforcement and the Retail Association to address this situation. Two meetings were held with really nothing more than frustration among all of us coming forth in attempting to find a solution. All involved recognize the problem and all involved wish to curtail it.

The Board of Pharmacy is charged with the enforcement of compliance with our chapter of law as well as federal law (see attached sections of law). NAC 453.400 makes it very clear that registrants (pharmacists and pharmacies) must “establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances”. You have all lived the numbers. Just last meeting we revoked one tech who had gotten out with 15 pint bottles of promethazine with codeine, 21X500 bottles of hydrocodone/APAP of different strengths, 8X100 of hydrocodone/APAP, 25X100 bottles of alprazolam as well as some zolpidem and phentermine and was trafficking them through someone she had met in a bar. A second tech admitted to stealing for her boyfriend 40 pints of promethazine with codeine and 5X500 hydrocodone/APAP. This is just the last meeting and quite frankly, these numbers are simply unacceptable.

So what happens? The tech gets fired and moves on; the police maybe charge “embezzlement” and the pharmacists and pharmacies that are supposed to “establish and maintain effective controls and procedures” are not held accountable by this Board. So what to do? Can we continue to allow such activity? Are we doing our job of enforcing our statutes and regulations?

Once again I will list the considerations that have been discussed by all of us as well as the tech diversion committee, and once again staff asks that you seriously consider some action:

- 1) Should we be charging the pharmacy where the diversion took place in consideration of NAC 453.400 and CFR 1301.71?
 - a. What about repeated diversion in one pharmacy?
- 2) Should we be charging the “pharmacist in charge” for the same?
- 3) Should we be requiring a perpetual inventory of controlled substances (or maybe at least for the more problematic drugs)?
- 4) Should we require that only a pharmacist may order and receive controlled substances?
- 5) Should we require that all pharmacy techs be certified (CphT) and would that make a difference?
- 6) Should we encourage all pharmacies to make it store policy to disallow any possession of drugs in the pharmacy bathroom?

ADMINISTRATIVE REGULATIONS.

Registration, NAC 453.100-453.300

NRS 453.241 Administrative proceedings to deny, suspend or revoke registration.

1. Administrative proceedings by the Board to deny, suspend or revoke a registration must be initiated, conducted and concluded pursuant to the provisions of NRS 639.241 to 639.257, inclusive, without regard to any criminal prosecution or other proceeding, but instead of the methods of discipline provided in paragraphs (c) and (d) of subsection 1 of NRS 639.255, the Board shall:

- (a) Suspend the right of the registrant to use his registration or a schedule thereof; or
- (b) Revoke the registration or a schedule thereof.

2. Proceedings to refuse renewal of registration do not abate the existing registration, which remains in effect pending the outcome of the administrative hearing.

3. The Board may suspend, before the hearing, any registration with the institution of proceedings under NRS 453.236, or where renewal of registration is refused, if it finds that there is an imminent danger to the public health or safety which warrants this action. The suspension continues in effect until the conclusion of the proceedings, including judicial review thereof, unless sooner withdrawn by the Board or dissolved by a court of competent jurisdiction. In the event of such a suspension the Board shall conduct a hearing at the earliest possible date, but in any event, the hearing must be conducted no later than 15 days after the date of suspension unless a continuance is requested by the registrant or the registrant otherwise prevents the holding of the hearing.

(Added to NRS by 1971, 2011; A 1977, 73; 1979, 1664; 1991, 1657)

NRS 453.246 Recordkeeping and inventory requirements for registrants. Persons registered to dispense controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive, shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law and with any additional regulations the Board issues.

(Added to NRS by 1971, 2012; A 1973, 1207; 1979, 1665; 1991, 1164, 1658; 1995, 299; 2001, 1057; 2003, 552)

ADMINISTRATIVE REGULATIONS.

Inventory and recordkeeping requirements, NAC 453.475-453.488

NRS 453.251 Order forms. Controlled substances listed in schedules I and II may be distributed by a registrant or licensed pharmacy to another registrant or licensed pharmacy only pursuant to an order form and may be received by a registrant only pursuant to an order form. Compliance with the provisions of federal law respecting order forms shall be deemed compliance with this section.

(Added to NRS by 1971, 2012; A 1977, 670; 1979, 1318, 1665; 1987, 950)

NRS 453.256 Prescriptions; requirements for dispensing certain substances; penalty.

1. Except as otherwise provided in subsection 2, a substance included in schedule II must not be dispensed without the written prescription of a practitioner.

2. A controlled substance included in schedule II may be dispensed without the written prescription of a practitioner only:

(a) In an emergency, as defined by regulation of the Board, upon oral prescription of a practitioner, reduced to writing promptly and in any case within 72 hours, signed by the practitioner and filed by the pharmacy.

(b) Upon the use of a facsimile machine to transmit the prescription for a substance included in schedule II by a practitioner or a practitioner's agent to a pharmacy for:

MISCELLANEOUS PROVISIONS

NRS 453.568 Report of loss or theft of controlled substance. All loss or theft of controlled substances must be reported on forms provided by the Division to the Board and Division within 10 days after the date of discovery of the theft or loss.

(Added to NRS by 1981, 1957)

NRS 453.570 Amount of controlled substance needed to sustain conviction for prohibited offense. The amount of a controlled substance needed to sustain a conviction of a person for an offense prohibited by the provisions of NRS 453.011 to 453.552, inclusive, is that amount necessary for identification as a controlled substance by a witness qualified to make such identification.

(Added to NRS by 1971, 359; A 1973, 1218; 2001, 1064; 2003, 561)

NEVADA CASES.

Before enactment of section, intent necessary to establish crime of possession could not exist when amount was so small as to be incapable of being applied to any use. In a prosecution for unlawful possession of marijuana in violation of former NRS 453.030 (cf. NRS 453.336), which took place before enactment of former NRS 453.345 (cf. NRS 453.570), governing the amount of a narcotic necessary to sustain a conviction for a prohibited offense, conviction was reversed on appeal where the quantity allegedly possessed consisted of 17 marijuana seeds which the state's expert testified were useless as a narcotic. The intent necessary to establish a crime of possession could not exist when the amount was so small as to be incapable of being applied to any use. *Watson v. State*, 88 Nev. 196, 495 P.2d 365 (1972), cited, *Beutler v. State*, 88 Nev. 707, at 708, 504 P.2d 699 (1972), distinguished, *Sheriff, Clark County v. Benson*, 89 Nev. 160, at 162, 509 P.2d 554 (1973), *Dickson v. State*, 108 Nev. 1, at 4, 822 P.2d 1122 (1992) (dissenting opinion)

Circumstances provided evidence of intent independent of quantity of substance. Defendant was properly ordered to stand trial for possession of a controlled substance (see NRS 453.336) where the offense was committed after the effective date of the Uniform Controlled Substances Act and the amount of the substance possessed was sufficient for identification as a controlled substance by an expert witness pursuant to NRS 453.570, even though it was not a usable amount, since the circumstances provided the evidence of intent required by NRS 193.190 independent of the quantity of the substance. *Sheriff, Clark County v. Benson*, 89 Nev. 160, 509 P.2d 554 (1973), cited, *Wolzok v. Sheriff, Clark County*, 93 Nev. 47, at 48, 559 P.2d 820 (1977), *Dickson v. State*, 108 Nev. 1, at 5, 822 P.2d 1122 (1992) (dissenting opinion)

NRS 453.575 Fee for analysis of controlled substance or other substance or drug: Inclusion in sentence of offender; distribution and use of proceeds.

1. If a defendant pleads guilty or guilty but mentally ill to, or is found guilty or guilty but mentally ill of, any violation of this chapter and an analysis of a controlled substance or other substance or drug was performed in relation to his case, the court shall include in the sentence an order that the defendant pay the sum of \$60 as a fee for the analysis of the controlled substance or other substance or drug.

2. Except as otherwise provided in this subsection, any money collected for such an analysis must not be deducted from, and is in addition to, any fine otherwise imposed by the court and must be:

- (a) Collected from the defendant before or at the same time that the fine is collected.
- (b) Stated separately in the judgment of the court or on the court's docket.

3. The money collected pursuant to subsection 1 in any district, municipal or justice court must be paid by the clerk of the court to the county or city treasurer, as appropriate, on or before the fifth day of each month for the preceding month.

4. The board of county commissioners of each county shall by ordinance create in the county treasury a fund to be designated as the fund for forensic services. The governing body of each city shall create in the city treasury a fund to be designated as the fund for forensic services.

not required for issuance of the new certificate. The registrant shall deliver his or her old certificate, together with all controlled substances in the registrant's possession which are affected by the order, to the Board or its agent.

[Bd. of Pharmacy, § 453.200, eff. 6-26-80]

NAC 453.300 Inspections of premises. (NRS 453.221, 453.226, 639.070) The Board may inspect, or cause to be inspected, the premises of an applicant or registrant, and in conducting the inspection will review the application for registration and other information regarding the applicant in order to determine whether he or she has met the applicable standards of NRS 453.231.

[Bd. of Pharmacy, § 453.180, eff. 6-26-80]

CONTROL

NAC 453.400 Security of controlled substances. (NRS 453.221, 639.070) All applicants and registrants shall establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances.

[Bd. of Pharmacy, part § 453.220, eff. 6-26-80]

NAC 453.410 Dispensing of controlled substances by practitioner. (NRS 453.221, 453.246, 639.070)

1. A practitioner, as defined in subsections 1 and 2 of NRS 453.126, who is registered with the Board to possess and dispense controlled substances and dispenses the substances for use by the practitioner's patients outside his or her presence, shall:

(a) Keep complete, accurate and readily retrievable records of all controlled substances so dispensed. Each written prescription must be serially numbered and kept in numerical order.

(b) Ensure that each record of a controlled substance which is dispensed contains the:

(1) Name of the patient and, if not readily available from the practitioner's records, the patient's address.

(2) Name, strength and quantity of the controlled substance dispensed.

(3) Date the controlled substance was dispensed.

(4) Name of the prescribing practitioner and the classification of his or her license.

(5) Practitioner's registration number issued by the Drug Enforcement Administration of the United States Department of Justice.

(6) Initials of the dispensing practitioner, if the dispensing practitioner did not prescribe the controlled substance.

(7) Directions for use.

(8) Signature of the prescribing practitioner.

➤ The practitioner shall provide this information to an agent of the Board upon request.

(c) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

(d) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

(e) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(f) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

NAC 639.520 Security of prescription departments. (NRS 639.070)

1. The prescription department of every pharmacy must be separated from the merchandising or public areas of the premises by a barrier extending not less than 5 feet above the floor level and of sufficient width to make dangerous drugs, controlled substances, narcotics, poisons or restricted devices inaccessible to unauthorized persons. The barrier must be constructed of solid material and contain at least one gate or door permitting access by the pharmacist. Each gate or door must be secured by a dead-bolt lock that can be opened from the outside only by a key. The gate or door may be secured by a combination lock during the hours of business.

2. The registered pharmacist on duty:

(a) Shall maintain possession of the key to the prescription department. Any additional keys to the prescription department must be kept in a locked box which is:

(1) Operated with a key that is accessible to only licensed pharmacists within the pharmacy department; and

(2) Maintained in a secure place that is inaccessible to unauthorized persons.

(b) Is responsible for securing the prescription department at all times when the registered pharmacist is not personally present in the department except when he or she is in the immediate area and can observe and exercise control over the prescription department.

(c) If the pharmacy is located within a store or business, shall ensure that all dangerous drugs, controlled substances, narcotics, poisons and restricted devices that are delivered onto the premises of the store or business are immediately placed and secured in the pharmacy department under the physical control of the pharmacist on duty.

3. The Executive Secretary may permit an alternative type of physical security if, in his or her opinion, the alternative type will be sufficient to make the drugs, controlled substances, narcotics, poisons and restricted devices inaccessible to any unauthorized person.

4. Except as otherwise provided by law or regulation, no person other than a registered pharmacist may enter the prescription department of a pharmacy unless the person is on business directly concerning the operation, maintenance or repair of the prescription department and a pharmacist employed in the prescription department is physically present at the same time.

5. Except as otherwise provided in subsection 6 or 7, a pharmacy shall maintain on its premises an alarm system that is operational 24 hours a day and that is monitored by a central station for control which is approved by Underwriters Laboratories Inc.

6. Except as otherwise provided in subsection 7, a pharmacy that is located within a building in which at least one employee of the person who owns the building is present 24 hours a day may, in lieu of the alarm system required pursuant to subsection 5, maintain on the premises of the pharmacy an alarm system that is:

(a) Equipped with an audible alarm that is:

(1) Operational 24 hours a day;

(2) Of sufficient decibels to alert more than one person in the building that an unauthorized entry has been made into the pharmacy; and

(3) Devised in such a manner as to provide notification to the managing pharmacist or the designee of the managing pharmacist when such an authorized entry has been made; and

(b) Not monitored by a central station for control.

7. A pharmacy in a hospital or correctional institution and any pharmacy that is staffed 24 hours a day is exempt from the provisions of subsections 5 and 6.

[Bd. of Pharmacy, § 639.245, eff. 6-26-80]—(NAC A 12-3-84; R116-98, 9-9-98; R160-99, 3-1-2000)

NAC 639.523 Physical address for delivery of drugs. (NRS 639.070)

1. A pharmacy which purchases drugs and which is required pursuant to NAC 639.5005 to designate a natural person as a representative of the pharmacy shall have the drugs shipped to the pharmacy and shall physically receive the drugs at the physical address for which the Board has issued the license of the pharmacy.

the Special Agent in Charge waives this time limitation in individual instances), the following information:

(1) The name, address, registration number, and authorized business activity of the registrant discontinuing the business (registrant-transferor);

(2) The name, address, registration number, and authorized business activity of the person acquiring the business (registrant-transferee);

(3) Whether the business activities will be continued at the location registered by the person discontinuing business, or moved to another location (if the latter, the address of the new location should be listed);

(4) Whether the registrant-transferor has a quota to manufacture or procure any controlled substance listed in Schedule I or II (if so, the basic class or class of the substance should be indicated); and

(5) The date on which the transfer of controlled substances will occur.

(e) Unless the registrant-transferor is informed by the Special Agent in Charge, before the date on which the transfer was stated to occur, that the transfer may not occur, the registrant-transferor may distribute (without being registered to distribute) controlled substances in his/her possession to the registrant-transferee in accordance with the following:

(1) On the date of transfer of the controlled substances, a complete inventory of all controlled substances being transferred shall be taken in accordance with § 1304.11 of this chapter. This inventory shall serve as the final inventory of the registrant-transferor and the initial inventory of the registrant-transferee, and a copy of the inventory shall be included in the records of each person. It shall not be necessary to file a copy of the inventory with the Administration unless requested by the Special Agent in Charge. Transfers of any substances listed in Schedule I or II shall require the use of order forms in accordance with part 1305 of this chapter.

(2) On the date of transfer of the controlled substances, all records required to be kept by the registrant-transferor with reference to the controlled substances being transferred, under part 1304 of this chapter, shall be trans-

ferred to the registrant-transferee. Responsibility for the accuracy of records prior to the date of transfer remains with the transferor, but responsibility for custody and maintenance shall be upon the transferee.

(3) In the case of registrants required to make reports pursuant to part 1304 of this chapter, a report marked "Final" will be prepared and submitted by the registrant-transferor showing the disposition of all the controlled substances for which a report is required; no additional report will be required from him, if no further transactions involving controlled substances are consummated by him. The initial report of the registrant-transferee shall account for transactions beginning with the day next succeeding the date of discontinuance or transfer of business by the transferor-registrant and the substances transferred to him shall be reported as receipts in his/her initial report.

[62 FR 13957, Mar. 24, 1997]

SECURITY REQUIREMENTS

§ 1301.71 Security requirements generally.

(a) All applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances. In order to determine whether a registrant has provided effective controls against diversion, the Administrator shall use the security requirements set forth in §§ 1301.72-1301.76 as standards for the physical security controls and operating procedures necessary to prevent diversion. Materials and construction which will provide a structural equivalent to the physical security controls set forth in §§ 1301.72, 1301.73 and 1301.75 may be used in lieu of the materials and construction described in those sections.

(b) Substantial compliance with the standards set forth in §§ 1301.72-1301.76 may be deemed sufficient by the Administrator after evaluation of the overall security system and needs of the applicant or registrant. In evaluating the overall security system of a registrant or applicant, the Administrator may consider any of the following factors as he may deem relevant

or previously dependent on narcotic drugs), shall sign for the narcotics and place his specific title (if any) on any invoice. Copies of these signed invoices shall be kept by the distributor.

(i) Narcotics dispensed or administered at a narcotic treatment program will be dispensed or administered directly to the patient by either (1) the licensed practitioner, (2) a registered nurse under the direction of the licensed practitioner, (3) a licensed practical nurse under the direction of the licensed practitioner, or (4) a pharmacist under the direction of the licensed practitioner.

(j) Persons enrolled in a narcotic treatment program will be required to wait in an area physically separated from the narcotic storage and dispensing area. This requirement will be enforced by the program physician and employees.

(k) All narcotic treatment programs must comply with standards established by the Secretary of Health and Human Services (after consultation with the Administration) respecting the quantities of narcotic drugs which may be provided to persons enrolled in a narcotic treatment program for unsupervised use.

(l) DEA may exercise discretion regarding the degree of security required in narcotic treatment programs based on such factors as the location of a program, the number of patients enrolled in a program and the number of physicians, staff members and security guards. Similarly, such factors will be taken into consideration when evaluating existing security or requiring new security at a narcotic treatment program.

[36 FR 7778, Apr. 24, 1971. Redesignated at 38 FR 26609, Sept. 24, 1973]

EDITORIAL NOTE: For FEDERAL REGISTER citations affecting § 1301.74, see the List of CFR Sections Affected, which appears in the Finding Aids section of the printed volume and on GPO Access.

§ 1301.75 Physical security controls for practitioners.

(a) Controlled substances listed in Schedule I shall be stored in a securely locked, substantially constructed cabinet.

(b) Controlled substances listed in Schedules II, III, IV, and V shall be stored in a securely locked, substantially constructed cabinet. However, pharmacies and institutional practitioners may disperse such substances throughout the stock of noncontrolled substances in such a manner as to obstruct the theft or diversion of the controlled substances.

(c) This section shall also apply to nonpractitioners authorized to conduct research or chemical analysis under another registration.

(d) Carfentanil etorphine hydrochloride and diprenorphine shall be stored in a safe or steel cabinet equivalent to a U.S. Government Class V security container.

[39 FR 3674, Jan. 29, 1974, as amended at 39 FR 17838, May 21, 1974; 54 FR 33674, Aug. 16, 1989; 62 FR 13957, Mar. 24, 1997]

§ 1301.76 Other security controls for practitioners.

(a) The registrant shall not employ, as an agent or employee who has access to controlled substances, any person who has been convicted of a felony offense relating to controlled substances or who, at any time, had an application for registration with the DEA denied, had a DEA registration revoked or has surrendered a DEA registration for cause. For purposes of this subsection, the term "for cause" means a surrender in lieu of, or as a consequence of, any federal or state administrative, civil or criminal action resulting from an investigation of the individual's handling of controlled substances.

(b) The registrant shall notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substances within one business day of discovery of such loss or theft. The registrant shall also complete, and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft. When determining whether a loss is significant, a registrant should consider, among others, the following factors:

(1) The actual quantity of controlled substances lost in relation to the type of business;

(2) The specific controlled substances lost;

Task Force Makes Recommendations to Address Drug Diversion and Control in the Pharmacy

Drug diversion in licensed pharmacies, including diversion of controlled substances (CS), is a serious and growing concern, as stressed in the report of the Task Force on the Control and Accountability of Prescription Medications. The task force met October 26-27, 2011, and discussed numerous related concerns, such as the increased incidence of pharmacy personnel, especially unlicensed or unregistered staff, having access to and diverting prescription medications, including CS. The task force made 10 recommendations including recommended revisions to the *Model State Pharmacy Act* and *Model Rules of the National Association of Boards of Pharmacy (Model Act)*, and future NABP actions related to pharmacy security, pharmacy and pharmacist responsibilities, and pharmacist continuing education, among other recommended actions.

The task force met at NABP Headquarters, and accepted the following charge:

1. Review existing state laws and regulations addressing the control and accountability of prescription drugs, the Report of the Task Force to Review and Recommend Revisions to the Controlled Substances Act, as well as relevant sections of the *Model Act*.
2. Recommend revisions, if necessary, to the *Model Act* addressing this issue.

In addition to discussing the diversion of prescription drugs by unlicensed or unregistered staff, members also discussed how security and inventory control provisions often lack specific safeguards to prevent diversion. To help boards of pharmacy address these concerns, the task force recommended revisions to the *Model Act* by adding language regarding additional oversight and specifics related to inventory functions by the pharmacist-in-charge (PIC), as well as accountability of the pharmacy owner and pharmacy permit holder. The task force also recommended several revisions related to security measures and requirements for criminal background checks for all pharmacy owners, pharmacy permit holders, pharmacy staff, and any other staff that has access to prescription medications.

The task force also discussed the concern that licensees, particularly pharmacy technicians, can easily obtain new employment after being terminated from a pharmacy due to a drug-related incident. The task force recommended that NABP encourage boards to incorporate existing *Model Act* language pertaining to the reporting of separation of employment of any licensee or registrant for drug-related reasons, such as abuse, theft, or diversion,

and that the report should include the reason for the termination.

The task force also discussed the increased prevalence of newly graduated pharmacists accepting PIC positions and that many have been called before their board for reasons indicating a lack of knowledge and awareness about the duties and responsibilities of being a PIC. Thus, the third recommendation of the task force is that NABP recommend to colleges and schools of pharmacy to increase the emphasis on the ethical and legal responsibilities related to the PIC position as part of relevant courses, such as pharmacy law or pharmacy management.

The task force also recommended that, as PICs assume a legal responsibility to manage the pharmacy and practice in a safe and secure manner, NABP should encourage boards to require continuing education for PICs pertaining to the legal responsibilities of this position. Further, as many PICs face ethical dilemmas, it is recommended that NABP encourage pharmacy associations and employers to develop educational and training programs that focus on the ethical and legal responsibilities of the PIC. To help boards in educating pharmacists, and particularly PICs, about how to

(continued on page 132)

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One-year term

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One-year term

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NABP Executive Committee elections are held each year at the Association's Annual Meeting.

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HEALTHCARE

How did \$14 million in drugs vanish from a UM pharmacy?

Like 22

A UM pharmacy technician is charged with stealing \$14 million in expensive cancer drugs over three years before he was discovered.



This video by a UM surveillance camera of the pharmacy at the Sylvester Comprehensive Cancer Center allegedly shows pharmacy technician Manuel Pacheco removing boxes of the cancer drug Neulasta, worth \$2,600 per syringe. The video is from the court file in his case, in which he is charged with grand theft, trafficking in contraband prescription drugs and dealing in stolen

BY JOHN DORSCHNER
JDORSCHNER@MIAMIHERALD.COM

Olga Hutnik, a pharmacy buyer at the University of Miami, noticed something odd in May 2011 when she looked at the results of a new program to track drugs in the UM medical system: Hundreds of syringes of an expensive cancer drug were apparently missing.

The new software "was not the most trustworthy," Hutnik later told investigators, so she decided to hand-count the syringes of Neulasta, a medication used to boost white blood cells to reduce the risk of infection at a cost of about \$2,600 per dose.

That decision, court records say, led eventually to the arrest of a UM employee — and a stunning discovery that \$14 million in prescription drugs had gone missing over a three-year period from UM's Sylvester Comprehensive Cancer Center.

property. UM alleges that \$14 million in drugs are missing from that pharmacy over a three year period.

- **UM security camera footage of alleged pharmacy theft**
- Photos

Pharmacy technician Manuel Gerardo Pacheco — who seemed to be “living beyond his means,” investigators said later — was charged with four counts of grand theft, two counts of trafficking in contraband prescription drugs and one count of dealing in stolen property. He has pleaded not guilty.

“Obviously, somebody let the ball slip,” said Randy Kroner, a Miami forensic accountant. He said most large organizations have internal auditors that make sure the proper controls are followed — counting supplies that come in, tracking units that go out and then reconciling the two. “Looks like this case just fell through the cracks.”

In fact, both UM’s chief financial officer, Joe Natoli, and board member Norman Braman have said there were no inventory controls at the cancer pharmacy to keep track of supplies.

“That’s ludicrous,” said Michael Kessler, a certified forensic accountant who heads Kessler International, a financial services company with an office in Miami. “A hospital should track its supplies down to the last sponge and scalpel in the operating room. Somebody was asleep at the switch.”

In a statement last week, the UM Miller School of Medicine said rampant theft of pharmaceuticals is a national problem and UM had tight controls at several of its pharmacies, but controls at the cancer pharmacy “failed to quickly detect the employee theft of expensive non-controlled substances, actually life-saving chemotherapy drugs for cancer patients. As soon as the theft was detected, physical security and inventory controls of pharmaceuticals at Sylvester were reviewed and strengthened.”

A follow-up internal audit found the cancer pharmacy’s controls are now sufficient. “The university is seeking reimbursement for losses from the employee and its insurance carrier,” the statement said. In an April memo to employees about UM’s moves to control fraud, Natoli noted three major incidents at UM, including “a pharmacy technician with access to expensive drugs that were not under inventory control.”

Last fall, in a letter to fellow UM board members, Miami auto magnate Braman decried the pharmacy theft as an example of managerial ineptitude involving a “host of wrong doings” that “took months of forensic accounting to discover because of nonexistent inventory controls.”

Natoli told The Herald in May that UM was a “highly decentralized organization with old systems that had grown very, very rapidly,” and UM was working hard to put the necessary controls in place.

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MORE FROM HEALTHCARE

HEALTHCARE
Hospital chain’s internal reports found dubious cardiac work in Florida

Miami Beach health center says fired CEO stole \$7 million

GENERAL COUNSEL REPORT

INTERN HOURS

The national standard for intern hours has been raised to 1740 to qualify for licensure. Currently, our statutes (NRS 639.120(1)(d)) only require 1500 hours. Staff has initiated the process of updating our law.

TEMPORARY LICENSES
(Issued since last board meeting)

Smith's

Alan Minson

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2012 NABP Interactive Member Forum

Moroney, Penny [PMoroney@nabp.net]

Sent: Tuesday, July 31, 2012 11:19 AM
To: rjmbsmith@hotmail.com
Cc: LARRY L. PINSON
Attachments: 2012 Interactive Member Fo~1.pdf (85 KB) ; Hilton Hotel and Travel In~1.pdf (11 KB) ; Hotel Reservations Form.pdf (144 KB)

Dear Russell:

We are delighted to learn that you have been designated by your Executive Officer to represent your board at the upcoming NABP Interactive Member Forum on Wednesday, September 19 and Thursday, September 20, 2012. The Forum begins at noon on Wednesday with lunch and concludes on Thursday at 3 PM. See the attached Forum Preliminary Agenda for details.

Please plan to arrive at the hotel by noon on Wednesday, and schedule your departure flight for any time after 5 PM on Thursday. Attached are the hotel and travel arrangement forms. The hotel form needs to be completed and returned to me as soon as possible, so that we are able to reserve your hotel accommodations. We request that you make your airline reservations through Options Travel soon to secure the most cost effective airfare. Options Travel will ask you for a code that is on the attached travel form. As you probably are aware, you are the guest of NABP therefore your transportation, hotel sleeping room, and meals will be covered. Please be sure to keep all of your receipts.

If you have any questions or concerns, please contact me at 847/391-4440 or nabpmeetings@nabp.net.

We look forward to greeting you in September!

Cordially,

Penny Moroney
NABP Meeting Services Manager

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NASCSA Breaking News - DEA Announces New Certification Process for E-Prescribing CS

Katherine Keough [kathykeough@nascsa.org]

Sent: Wednesday, August 01, 2012 3:25 PM

To: LARRY L. PINSON

DEA Announces New Certification Process for Electronic Prescribing of Controlled Substances

The Drug Enforcement Administration (DEA) today announced a new DEA-approved certification process for Electronic Prescriptions for Controlled Substances (EPCS). Certifying organizations with a certification process approved by DEA pursuant to 21 Code of Federal Regulations (CFR) 1311.300(e) are posted on DEA's Web site once approved.

DEA is a component of the Department of Justice and is the primary agency responsible for coordinating the drug law enforcement activities of the United States. DEA also assists in the implementation of the President's National Drug Control Strategy. The Diversion Control Program (DCP) is a strategic component of the DEA's law enforcement mission. It is primarily the DCP within DEA that implements and enforces Titles II and III of the Comprehensive Drug Abuse Prevention and Control Act of 1970, often referred to as the Controlled Substances Act (CSA) and the Controlled Substances Import and Export Act (CSIEA) (21 U.S.C. 801-971), as amended (hereinafter, "CSA").\1\ DEA drafts and publishes the implementing regulations for these statutes in Title 21 of the Code of Federal Regulations (CFR), Parts 1300 to 1321. The CSA together with these regulations are designed to establish a closed system for controlled substances and to prevent, detect, and eliminate the diversion of controlled substances and listed chemicals into the illicit market while ensuring a sufficient supply of controlled substances and listed chemicals for legitimate medical, scientific, research, and industrial purposes.

The CSA and DEA's implementing regulations establish the legal requirements for possession and dispensing of controlled substances, most notably pursuant to a prescription issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice. "The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription." 21 CFR 1306.04(a). A prescription serves both as a record of the practitioner's determination of the legitimate medical need for the drug to be dispensed, and as a record of the dispensing, providing the pharmacy with the legal justification and authority to dispense the medication prescribed by the practitioner. The prescription also provides a record of the actual dispensing of the controlled substance to the ultimate user (the patient) and, therefore, is critical to documenting that controlled substances held by a pharmacy have been dispensed legally. The maintenance by pharmacies of complete and accurate prescription records is an essential part of the overall CSA regulatory scheme established by Congress.

Historically, where federal law required that a prescription for a controlled substance be issued in writing, that requirement could only be satisfied through the issuance of a paper prescription. Given advancements in technology and security capabilities for electronic applications, DEA recently amended its regulations to provide practitioners with the option of issuing electronic prescriptions for controlled substances (EPCS) in lieu of paper

prescriptions. Efforts to develop EPCS have been underway for a number of years. DEA's Interim Final Rule for Electronic Prescriptions for Controlled Substances was published on March 31, 2010, at 75 FR 16236-16319, and became effective on June 1, 2010. While these regulations have paved the way for controlled substance prescriptions to be issued electronically, not all states have authorized electronic prescriptions for controlled substances, particularly Schedule II controlled substances, which have a significant potential for abuse.

All certifying organizations with a certification process approved by DEA pursuant to 21 CFR 1311.300(e) are posted on DEA's Web site once approved.

As noted above, the Interim Final Rule provides that, as an alternative to the audit requirements of 21 CFR 1311(b) through (d), an electronic prescription or pharmacy application may be verified and certified as meeting the requirements of 21 CFR part 1311 by a certifying organization whose certification process has been approved by DEA. The preamble to the Interim Final Rule further indicated that, once a qualified certifying organization's certification process has been approved by DEA in accordance with 21 CFR 1311.300(e), such information will be posted on DEA's Web site. 75 FR 16243, March 31, 2010. On May 22, 2012, DEA approved the certification processes developed by Drummond Group and by iBeta LLC. iBeta's approved certification process is limited to the certification of the biometrics subsystem, including its interfaces, to the requirements of the overall regulations and specifically to those in 1311.116. Relevant information has been posted on DEA's Web site [here](#).



National Association of Boards of Pharmacy

1600 Feehanville Drive • Mount Prospect, IL 60056-6014

Tel 847/391-4406 • Fax 847/391-4502

Web Site: www.nabp.net

nabp

To: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

From: Carmen A. Catizone, Executive Director/Secretary

Date: August 9, 2012

RE: Discontinuation of USP *Pharmacists' Pharmacopeia*

NABP has been informed by the United States Pharmacopeial Convention (USP) that the *Pharmacists' Pharmacopeia* has been discontinued and additional updates to that publication will not be provided. As some states specifically recognize the *Pharmacists' Pharmacopeia* in their state regulations, NABP encourages you to review your state's laws and regulations to determine if amendments are required. Please be aware that in June 2012, USP launched a new electronic publication entitled *USP on Compounding: A Guide for the Compounding Practitioner*, which like the *Pharmacists' Pharmacopeia*, contains official material from USP-National Formulary relevant to compounding practitioners, including General Chapters <795> *Pharmaceutical Compounding—Nonsterile Preparations* and <797> *Pharmaceutical Compounding—Sterile Preparations*. Further information about USP's successor publication is available at www.usp.org/store/products-services/usp-compounding.

cc: NABP Executive Committee

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Nevada State Board of Pharmacy

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

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JULY 18-19, 2012 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the July, 2012 Board meeting.

Licensing Activity:

- 9 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 9 licenses were granted for Out-of-State pharmacies.
- 5 licenses were granted for Out-of-State wholesalers.
- 5 licenses were granted for a Nevada pharmacy (pending inspection).
- 2 registrations were granted for pharmacy technician in training licenses and 1 denied.
- 1 registration for a practitioner dispensing registration was granted.
- 1 registration was granted for controlled substances (with limitations).
- 1 Board order for a pharmacist registration was amended.

Disciplinary Action:

- Pharmacist SH was fined \$1000 and pharmacy WG fined \$5000 for the mass misfiling of several prescriptions due to filling an automatic dispensing machine incorrectly. The pharmacist was ordered to take a CE course in "ethics", was put on probation for 2 years and cannot be a managing pharmacist for 2 years as well.
- MDEG WHC was fined \$1000 plus fees and costs and put on probation for 2 years for inadequate record keeping.
- Pharmaceutical technicians MR and BC were both revoked for diversion of controlled substances from their pharmacy workplaces.
- Physician's Assistant AL surrendered her dispensing registration for various violations of the dispensing regulations.
- Pharmacist CP was fined \$1500 and ordered to complete a CE on "ethics" for misfilling a prescription and then deleting the prescription. Pharmacy WG was fined \$2000 and ordered to report on how the deletion of a record could happen.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- The annual personnel review was conducted as well as the presentation and acceptance of the fiscal year 2012-2013 budget.
- New Board employees were introduced.
- Committee reports were given as well as exit reports from Your Success Rx on three clients.

Workshop:

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