



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
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April 8, 2013

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

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

Wednesday, April 17, 2013 – 9:00 am

Thursday, April 18, 2013 – 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 March 6-7, 2013 Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Carepoint Pharmacy – Schaumburg, IL
 - B. Colbert Pharmacy – Sheffield, AL
 - C. Corona Specialty Pharmacy – Corona, CA
 - D. CureRx Compounding Pharmacy, Inc. – Los Angeles, CA
 - E. Fusion Specialty Pharmacy – Santa Clara, UT
 - F. Goodlife Pharmacy Inc. – Boca Raton, FL
 - G. Infuserve America – St Petersburg, FL
 - H. Inverness Apothecary – Birmingham, AL
 - I. LHC Group Pharmaceutical Services, LLC – Lafayette, LA
 - J. Medcart Specialty Pharmacy – Livonia, MI
 - K. MedPoint Pharmacy, LLC – Amory, MS
 - L. Navarro Specialty Services, LLC – Medley, FL
 - M. Neighborhood Drugs of Coral Springs – Coral Springs, FL
 - N. PetNet Solutions, Inc. – Culver City, CA
 - O. PharmaLabs, LLC – St Petersburg, FL
 - P. VPH Pharmacy – Summer Creek, MI
 - Q. Wegmans Food Markets, Inc. – Cheektowaga, NY

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

- R. Advanced Lifeline Respiratory Services – Louisville, KY
- S. Breg, Inc. – Carlsbad, CA
- T. DME Medical, Inc. – Brentwood, TN
- U. First Choice Care, LLC – Hampton, NJ
- V. National Seating & Mobility, Inc. – Ogden, UT
- W. National Seating & Mobility, Inc. – Twin Falls, ID
- X. Omni Motion, Inc. – Carlsbad, CA
- Y. Otican Medical LLC – Somerset, NJ

- Z. Twenty-Four Hour Dependable Medical Supplies, Inc.–Middle River, MD

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

- AA. Abbvie Endocrinology Inc. – North Chicago, IL
- BB. Albertsons LLC Distribution Center #8720 – Ponca City, OK
- CC. Allegis Pharmaceuticals, LLC – Canton, MS
- DD. AmerisourceBergen Drug Corporation – Corona, CA
- EE. Bio Comp Pharma, Inc. – Boerne, TX
- FF. Biogen Idec U.S. Corporation – Research Triangle Park, NC
- GG. Central Admixture Pharmacy Services, Inc. – Allentown, PA
- HH. CooperSurgical, Inc. – Trumbull, CT
- II. Covidien Sales LLC – Atlanta, GA
- JJ. Covidien Sales LLC – Chicopee, MA
- KK. Covidien Sales LLC – Crystal Lake, IL
- LL. Covidien Sales LLC – Joliet, IL
- MM. Covidien Sales LLC – Ontario, CA
- NN. Covidien Sales LLC – Wabasha, MN
- OO. Fagron, Inc. – Scottsdale, AZ
- PP. Hope Pharmaceuticals – Scottsdale, AZ
- QQ. J Knipper and Company, Inc. – Totowa, NJ
- RR. Mission Pharmacal Company – Boerne, TX
- SS. RGH Enterprises, Inc. – Cranbury, NJ
- TT. RGH Enterprises, Inc. – Grand Prairie, TX
- UU. RGH Enterprises, Inc. – Jacksonville, FL
- VV. RGH Enterprises, Inc. – Ontario, CA
- WW. RGH Enterprises, Inc. – South Bend, IN
- XX. Save-A-Life, LLC – Algonquin, IL
- YY. XenoPort, Inc. – Santa Clara, CA

Application for Nevada MDEG – Non Appearance for Possible Action:

- ZZ. ActiveStyle, Inc. – Reno

◆ REGULAR AGENDA ◆

4. Discipline for Possible Actions: Note – The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

- | | | |
|----|---------------------------|------------------|
| A. | Willie Bawawski, R.Ph | (12-062-RPH-S) |
| B. | Walgreens #07864 | (12-962-PH-S) |
| C. | Russell E. Smith, R.Ph | (13-001-RPH-N) |
| D. | Walgreens #04788 | (13-001-PH-N) |
| E. | Kristine Mattson, R.Ph | (12-054-RPH-S) |
| F. | Sally-Anne Waihenya, R.Ph | (11-110-A-RPH-S) |
| G. | Gus Edward David, R.Ph | (11-110-B-RPH-S) |
| H. | CVS/pharmacy #8821 | (11-110-PH-S) |

- I. Emma Sicam, R.Ph (12-018-RPH-S)
 - J. CVS/pharmacy #8812 (12-018-PH-S)
 - K. Minhquang Nguyen, R.Ph (13-006-RPH-S)
 - L. Kmart Pharmacy #3719 (13-006-PH-S)
 - M. Cindy Orwick, PT (12-047-PT-S)
5. Application for a Controlled Substance Registration – Appearance for Possible Action:
- Mohamed O. Saleh, MD
6. Application for Nevada MDEG – Appearance for Possible Action:
- A. Symbius Medical, LLC – Las Vegas
 - B. Young Devices, LLC – Las Vegas
 - C. Nevada Orthotics and Prosthetics
7. Applications for Nevada Pharmacy – Appearance for Possible Action:
- A. Pathway Specialty Compounds – Las Vegas
 - B. Quality Home Infusion – Las Vegas
8. Applications for Out-of-State Pharmacy – Appearance for Possible Action:
- A. American Medical Direct – San Antonio, TX
 - B. My Weight Doctor Pharmacy, LLC – Rockville, MD
 - C. Saffa Infusion Pharmacy – Tulsa, OK
9. Application for Dispensing Practitioner Registration - Appearance for Possible Action:
- Karen F. Arcotta, MD
10. Application for Controlled Substance Registration - Appearance for Possible Action:
- Todd J. Krempel, DDS
11. Presentation of 50 Year Pharmacist Certificate – Appearance for Possible Action:
- Milton C. Kevershan, R.Ph
12. Application by Reciprocate – Appearance for Possible Action:
- Dorian Lange, R.Ph.

13. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - i. Presentations: Southern Nevada Dental Society; RPD; LV Physicians
- D. Reports to Board
 - i. Legislative Update
- E. Board Related News
 - i. HOPES Flyers
 - ii. NABP Participation in PCAB
- F. Activities Report

14. General Counsel Report for Possible Action:

15. Next Board Meeting:

June 12-13, 2013 – Las Vegas, Nevada

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 Shirley Hunting 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



Nevada State Board of Pharmacy

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BOARD MEETING

Hyatt Place
1790 E Plumb Lane
Reno, Nevada

March 6 and 7, 2013

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

Board Members Present:

Kam Gandhi
Jack Dalton
Kirk Wentworth

Leo Basch
Jody Lewis

Cheryl Blomstrom
Russell Smith

Board Members Absent:

Board Staff Present:

Larry Pinson Dave Wuest Paul Edwards Shirley Hunting Keith Marcher
Joe Depczynski

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)

March 6, 2013

No public comment.

2. Approval of January 16-17, 2013 Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Accredo Health Group, Inc. – Oklahoma City, OK

- B. Advantage Pharmacy, LLC – Memphis, TN
- C. Bella Brands, LLC – Sandy, UT
- D. Brown's Compounding Center – Parker, CO
- E. Byram Healthcare Centers, Inc. – Huntington Beach, CA
- F. Catamaran Home Delivery – Fairfield, OH
- G. Community Compounding Pharmacy – Portland, OR
- H. Denton Prescription Shop – Denton, TX
- I. La Vita Compounding Pharmacy LLC – San Diego, CA
- J. Liberty Medical Supply, Inc. – Port St Lucie, FL
- K. Liberty Medical Supply, Inc. – Salem, VA
- L. Meridian Meds, LLC – Lehi, UT
- M. Mission Road Pharmacy – Los Angeles, CA
- N. MRP – Los Angeles, CA
- O. Primrose Pharmacy LLC – Sandy Springs, GA
- P. PX Drugstore – North Hollywood, CA
- Q. Super Care Pharmacy – City of Industry, CA
- R. Titan Pharmacy – Astoria, NY
- S. U.C. Davis Medical Center – Sacramento, CA

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

- T. Augusta Medical Systems LLC – Augusta, GA
- U. Charter Medical Supplies, LLC – Burbank, CA
- V. Flowonix Medical Inc. – Mt. Olive, NJ
- W. Liberator Medical Supply, Inc. – Stuart, FL
- X. Liberty Medical Supply Inc. – Port St Lucie, FL
- Y. Liberty Medical Supply Inc. – Port St Lucie, FL
- Z. Liberty Medical Supply Inc. – Salem, VA
- AA. Nephron Pharmaceuticals Corporation – Murray, KY
- BB. Nephron Pharmaceuticals Corporation – Orlando, FL
- CC. Nephron Pharmaceuticals Corporation – Phoenix, AZ
- DD. Philips Healthcare Informatics, Inc. – Foster City, CA
- EE. Praxair Distribution, Inc. – South Lake Tahoe, CA
- FF. RGH Enterprises, Inc. – Cranbury, NJ
- GG. RGH Enterprises, Inc. – Grand Prairie, TX
- HH. RGH Enterprises, Inc. – Jacksonville, FL
- II. RGH Enterprises, Inc. – Ontario, CA
- JJ. RGH Enterprises, Inc. – South Bend, IN
- KK. Saracare Corporation – Plantation, FL
- LL. Shire Regenerative Medicine, Inc. – La Jolla, CA

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

- MM. Abraxis Bioscience, LLC – Melrose Park, IL
- NN. Advanced Pharma, Inc. – Houston TX
- OO. AnovoRx Distribution LLC – Memphis, TN
- PP. Elanco Animal Health – Greenfield, IN
- QQ. Hyperion Therapeutics, Inc. – South San Francisco, CA

RR. MDC Acquisition Co., LLC – Hudson, OH
SS. MDC Acquisition Co., LLC – Ontario, CA
TT. Peyton's Northern – Bluffton, IN
UU. Piramal Critical Care, Inc. – Bethlehem, PA
VV. Piramal Critical Care, Inc. – Bethlehem, PA
WW. Qualanex – Gurnee, IL
XX. Smith & Nephew, Inc. – Concord, CA
YY. The Hibbert Group – New Castle, DE
ZZ. VistaPharm, Inc. – Largo, FL

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

AAA. Phoenix Pharmacy – Las Vegas
BBB. Sav-on Pharmacy #6002 – Henderson
CCC. Sav-on Pharmacy #6004 – Las Vegas
DDD. Sav-on Pharmacy #6005 – Las Vegas
EEE. Sav-on Pharmacy #6009 – Las Vegas
FFF. Sav-on Pharmacy #6014 – Henderson
GGG. Sav-on Pharmacy #6016 – Las Vegas
HHH. Sav-on Pharmacy #6018 – Las Vegas
III. Sav-on Pharmacy #6019 – Henderson
JJJ. Sav-on Pharmacy #6021 – Las Vegas
KKK. Sav-on Pharmacy #6032 – Las Vegas
LLL. Sav-on Pharmacy #6043 – Henderson
MMM. Sav-on Pharmacy #6046 – Las Vegas
NNN. Sav-on Pharmacy #6059 – Las Vegas
OOO. Sav-on Pharmacy #6060 – Las Vegas
PPP. Sav-on Pharmacy #6061 – Las Vegas
QQQ. Sav-on Pharmacy #6062 – Las Vegas
RRR. Sav-on Pharmacy #6046 – Las Vegas
SSS. Sav-on Pharmacy #6090 – Las Vegas
TTT. Sav-on Pharmacy #6091 – Las Vegas
UUU. Sav-on Pharmacy #6093 – Boulder City

Applications for Nevada Wholesaler – Non Appearance for Possible Action:

VVV. Lincare Inc. – Las Vegas
WWW. Lincare Inc. – Minden

Applications for Nevada MDEG – Non Appearance for Possible Action:

XXX. Praxair Distribution, Inc. – Henderson
YYY. United Seating and Mobility, LLC – Las Vegas

Discussion:

After review and discussion, the minutes will be corrected to reflect the following:

- Item 12.: Change "Mark" Sneller to "Matt" Sneller.
- Item 13.A: Delete the duplicate "Aye" vote for Dalton; add Gandhi "Aye" vote.

Board Action:

Motion: Cheryl Blomstrom moved to approve the minutes with changes as noted.

Second: Russ Smith

Action: Passed Unanimously

The Consent Agenda applications and supporting documents were reviewed.

Board Action:

President Gandhi noted the Sav-On Applications, Items BBB through UUU. He disclosed that he is employed by Sav-On Pharmacy but will not be voting on the Consent Agenda applications.

Jody Lewis disclosed that she was previously employed by Sav-On Pharmacy and indicated that her participation in this matter will be unbiased.

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

Second: Leo Basch

Action: Passed Unanimously

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. | William L. Locke, R.Ph | (12-034-RPH-N) |
| B. | Hales 50 Kirman Pharmacy | (12-034-PH-N) |

Paul Edwards presented a Stipulated Agreement regarding Mr. Locke for the Board's consideration. Mr. Locke admitted to the allegations in the First, Second and Third Causes of Action, regarding failure to counsel a patient on a new prescription, resulting in the patient ingesting an overdose of medication causing adverse effects and delayed therapeutic results; refilling a prescription for a dangerous drug without prescriber authorization; and not maintaining prescription records in a secure, readily retrievable manner. Mr. Locke voluntarily surrendered his pharmacist license with Nevada, and will surrender his registration(s)/license(s) to practice as a pharmacist in any other jurisdiction in which he is authorized to practice. Mr. Locke will not reapply for a

registration with the Board for a period of twenty-four months. The Fourth Cause of Action alleging violations by Hale's 50 Kirman Pharmacy will be dismissed.

Board Action:

Motion: Russ Smith moved to accept the Stipulated Agreement as presented.

Second: Kirk Wentworth

Action: Passed Unanimously

C.	Erika Spreeman, R.Ph	(12-052-RPH-N)
D.	Hongming Wong	(12-052-IN-N)
E.	CVS/Pharmacy #9586	(12-052-PH-N)

Jody Lewis recused from participation in this matter due to her employment with CVS Pharmacy.

Erika Spreeman and Hongming Wong appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Michael Dyer was present representing Ms. Spreeman, Mr. Wong and CVS Pharmacy.

Paul Edwards presented a Stipulated Agreement regarding Ms. Spreeman, Mr. Wong and CVS Pharmacy for the Board's consideration. Ms. Freeman admitted to the allegations in the First Cause of Action regarding the mislabeling of a pediatric patient's prescription for sulfamethoxazole-TMP suspension with incorrect dosing instructions to take one "tablespoon" twice a day rather than one "teaspoon" twice a day. Mr. Wong admitted to the Second Cause of Action in failing to adequately counsel the patient's parent on the new prescription. CVS Pharmacy admits to the allegations in the Third Cause of Action in owning and operating the pharmacy in which the violations occurred.

Ms. Spreeman shall pay a fine of \$500.00 and complete a continuing education class on error prevention approved by Board Staff. Mr. Wong shall pay a fine of \$750.00. CVS Pharmacy shall pay a fine of \$500.00.

Ms. Spreeman and Mr. Wong acknowledged the errors that were made in this matter. Ms. Spreeman and Mr. Wong indicated that they have taken measures to ensure a more thorough verification process to avoid such errors in the future.

Board Action:

Motion: Leo Basch moved to accept the Stipulated Agreement as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Heather Thomas appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Russ Smith recused from participation in this matter due to his prior knowledge of this case.

Jack Dalton disclosed that he was previously employed by Walmart but has no specific knowledge of this case.

Mr. Edwards explained that an investigation by Walmart found that Ms. Thomas had fraudulently authorized a refill for a controlled substance, carisoprodol, for her sister. Ms. Thomas used her sister's name but intended the prescription for self-use. In her written statement, Ms. Thomas admitted that she authorized the refill without a prescription or authorization from a physician. She then transferred the prescription to another pharmacy and shredded the transfer document.

Ms. Thomas offered testimony saying that she had a drug problem and admitted to the allegations in the Notice of Intended Action and Accusation. She stated that she was arrested for obtaining a prescription by fraud, plead guilty, and was sentenced to participate in the Western Regional Drug Court Program. Ms. Thomas is currently in Phase I of the drug program. Required participation in the program is a minimum of eighteen months. She provided a letter from the director of the Adult Drug Court Services, which includes the program requirements, and states that Ms. Thomas is currently in compliance. Ms. Thomas said that she wants to stay sober and is very serious about the drug program. She would like to maintain her pharmaceutical technician license, but does not trust herself to work around drugs until she has had more recovery time.

Mr. Edwards presented the letter from Kathleen Morinaga, Director of the Adult Drug Court Services, as Exhibit 1. President Gandhi admitted the letter into the record.

Based on Ms. Thomas' admission of the factual allegations in the Notice of Attended Action and Accusation, Mr. Edwards recommended a finding of guilt.

Board Action:

Motion: Cheryl Blomstrom moved to find Ms. Thomas guilty of the alleged violations in the Notice of Intended Action and Accusation.

Second: Kirk Wentworth

Action: Passed Unanimously

Mr. Edwards recommended immediate suspension of Ms. Thomas' pharmaceutical technician license, during which time she shall complete the Western Regional Drug Court Program and obtain a PRN-PRN evaluation. If Ms. Thomas completes the drug

program and PRN-PRN evaluation, and receives a positive recommendation from both the administrators of those programs, she shall be allowed to reappear before the Board for consideration to have the suspension lifted, and her license placed on probation for a minimum of one year.

Board Action:

Motion: Kirk Wentworth moved to accept Mr. Edwards' recommendation.

Second: Cheryl Blomstrom
Lewis offered a friendly amendment that upon fulfillment of the conditions set forth by the Board, the PRN-PRN administrator appear with Ms. Thomas when she reappears before the Board.
Wentworth and Blomstrom accepted the friendly amendment.

Ayes: Blomstrom, Dalton, Smith, Lewis, Wentworth
Nays: Basch

Action: Motion Passed

G. Elbion Estrin, R.Ph (12-015-RPH-N)

Elbion Estrin appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Jody Lewis recused from participation in this matter due to her employment with CVS Pharmacy.

Paul Edwards presented a Stipulated Agreement regarding Mr. Estrin for the Board's consideration. Mr. Estrin admitted to the facts and allegations made in the First and Second Causes of Action. Mr. Estrin filled and dispensed a prescription written for 75 mg. diclofenac sodium with 50 mg. tablets of amitriptyline, resulting in an adverse effect to the patient. The error was identified by the patient who returned the medication to the pharmacy. Mr. Estrin read the label on the returned medication vial not realizing that the label was also incorrect. He then dispensed diclofenac potassium 50 mg. tablets, not the diclofenac sodium 75 mg. tablets that was prescribed by the physician.

Mr. Estrin's pharmacist license shall be placed on probation for one year. Mr. Estrin shall complete the pharmacist remediation program, Your Success Rx, at this own expense. Mr. Estrin will pay a fine of \$250.00.

Board Action:

Motion: Leo Basch moved to accept the Stipulated Agreement as presented.

Second: Cheryl Blomstrom

Ayes: Basch, Dalton, Smith

Nays: Blomstrom, Wentworth
Recused: Lewis

Mr. Marcher explained that the recusal by Lewis reduces the quorum by one vote. On the table are three aye votes and two nay votes. Four votes are required to carry the motion. In the case of a tie, the Board President can offer his vote.

President Gandhi offered a nay vote.

Action: Motion Failed

This matter will be scheduled for Hearing at the June, 2013, Board Meeting.

H. Leah C. Guerin, PT

(13-003-PT-N)

Leah Guerin appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards explained that Board Staff was notified by the director of the pharmaceutical training program for the Career College of Northern Nevada that Ms. Guerin tested positive for marijuana during a random drug screen. Mr. Edwards noted that Ms. Guerin did not submit a written response to the Notice of Intended Action and Accusation. During a telephone conversation with Mr. Edwards, Ms. Guerin requested to appear before the Board.

Ms. Guerin admitted to the allegations in the Notice of Intended Action and Accusation. Ms. Guerin explained that during New Year's Eve, she was experiencing personal issues and used marijuana to calm her nerves. She admitted to using marijuana once a week for approximately six months prior to that event, and has not used marijuana since that time. Ms. Guerin indicated that in 2004, she used methamphetamines, but did not use illegal drugs again until her recent use of marijuana. Her fiancé continues to use marijuana at their home on a daily basis, but not in the presence of her or their children. Ms. Guerin wants to maintain her pharmaceutical technician in training license and finish school. She is currently not participating in a drug treatment program.

Mr. Edwards recommended a finding of guilt in the First Cause of Action.

Board Action:

Motion: Russ Smith moved to find Leah Guerin guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards said that the evidence shows that the circumstances are more egregious than initially understood. He recommended revocation of Ms. Guerin's pharmaceutical technician in training license.

Board Action:

Motion: Russ Smith moved to revoke Ms. Guerin's pharmaceutical technician in training license.

Second: Leo Basch

Action: Passed Unanimously

I.	Jacquelynn R. Holocker, PT	(13-005-PT-N)
J.	Alan Minson, R.Ph.	(13-005-RPH-N)
K.	Smith's Pharmacy #392	(13-005-PH-N)

Jacquelynn Holocker, Alan Minson and Bonnie Brandt, Smith's District Supervisor, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards noted that the Respondents admit to the facts and allegations in the First, Second and Third Causes of Action. Ms. Holocker did not renew her pharmaceutical technician in training license in a timely manner, and worked six days (33 hours) without a valid license. As the managing pharmacist, Mr. Minson did not verify that Ms. Holocker had renewed her license prior to the expiration date and allowed her to work.

Mr. Minson apologized to the Board and stated that he will be more diligent in the future. Ms. Brandt explained that she sends pharmacy managers reminders throughout the year to verify that technician and pharmacist licenses are valid and CE requirements are met.. Smith's has recently instituted monthly license verification in all of their pharmacies. Licensees who do not produce a valid license are suspended from employment until the license is presented.

Board Action:

Motion: Kirk Wentworth moved to find Ms. Holocker guilty of the alleged violations in the First Cause of Action.

Second: Jody Lewis

Action: Passed Unanimously

Mr. Edwards recommended that Ms. Holocker be fined \$120.00 (\$20.00 per day for each day that she work without a valid pharmaceutical technician in training license).

Board Action:

Motion: Cheryl Blomstrom moved to accept Mr. Edwards' recommendation.

Second: Leo Basch

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to find Mr. Minson guilty of the alleged violations in the Second Cause of Action.

Second: Jody Lewis

Action: Passed Unanimously

Mr. Edwards recommended that Mr. Minson receive a public letter of admonition from Board Staff.

Board Action:

Motion: Cheryl Blomstrom moved to accept Mr. Edwards' recommendation.

Second: Jack Dalton

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to find Smith's Pharmacy #392 guilty of the alleged violations in the Third Cause of Action.

Second: Jody Lewis

Action: Passed Unanimously

Mr. Edwards recommended that Smith's Pharmacy #392 demonstrate the existence of policy and procedures for license verification, and to provide to Board Staff, a signed statement of understanding from each manager that they have read and agree to comply with the policy and procedures.

Board Action:

Motion: Cheryl Blomstrom moved to accept Mr. Edwards' recommendation.

Second: Jody Lewis

Action: Passed Unanimously

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

A. Baby Bumps Boutique – Reno

Randi Pearce, owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Pinson explained that due to recent national changes in medical care, insurance companies often pay for breast pumps pursuant to a prescription. Although a prescription is unnecessary to sell a breast pump, an MDEG license is required if it is to be sold pursuant to a prescription.

Ms. Pearce indicated that her business has been established for two years selling breast pumps and providing rental of hospital grade breast pumps. She is currently in the process of expanding the business to provide breast feeding education and space for lactation consultation, which is now covered under the Affordable Healthcare Act. Currently, there is no central location available for women to meet and obtain this service.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for Baby Bumps Boutique pending a satisfactory inspection.

Second: Jody Lewis

Action: Passed Unanimously

Mr. Pinson noted that the required inspection would be accomplished as soon as possible to facilitate Ms. Pearce's much needed services to the public.

B. OMED of Nevada, LLC – Reno

Heinz Roesch, CEO, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr Roesch explained that OMED of Nevada purchases used equipment from Nevada and northern California hospitals. The equipment is refurbished for resale to healthcare providers. Mr. Roesch indicated that he was not aware that the license renewal application, which he mailed in October, 2012, was not received by the Board Office. It was discovered during the annual Board inspection that the license had expired. He immediately contacted the Board Office for a copy of the renewal and returned the application with fee via FedEx overnight delivery.

Mr. Roesch apologized to the Board saying that he will take measures to ensure compliance in the future.

Mr. Pinson informed the Board that the inspection indicates that this is a well run operation and Board Staff supports renewal of the application.

Board Action:

Motion: Cheryl Blomstrom moved to approve the renewal application for OMED of Nevada.

Second: Kirk Wentworth

Action: Passed Unanimously

C. Pro Comfort Medical – Las Vegas

Nathan Higham, President/Owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Higham stated that he is certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics as a pedorthist. Pro Comfort Medical is a DME company specializing in pedorthics. They offer custom foot orthotics, diabetic and other orthopedic footwear, off-the-shelf orthotics and minor prosthetics, which do not require a prescription. Pro Comfort Medical recently relocated to Nevada from Washington, where licensure for these services is not required. Pro Comfort Medical is Medicare certified and applying to become a Medicaid provider. Pro Comfort Medical will be dispensing equipment pursuant to a prescription which requires an MDEG license.

Board Action:

Motion: Jody Lewis moved to approve the application for Pro Comfort Medical pending a satisfactory inspection.

Second: Cheryl Blomstrom

Action: Passed Unanimously

D. Prosthetic Consulting Technologies – Washoe Valley

Richard Riley, Administrator/Chief Prosthetist, and Heather Flemming, COO, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Pinson reminded the Board that Ms. Flemming appeared before the Board in January. At that meeting, Ms. Flemming was not able to respond to Board questions regarding why the business has been operating without a license for six years, and why the question on the application regarding arrests/lawsuits was answered "Yes", but the details appeared to be whited out. The Board postponed consideration of the application and requested that Mr. Riley appear to address the issues.

Mr. Riley explained that Prosthetic Consulting Technologies has been based in Washoe Valley for six years, and primarily provides below the knee prosthetics for amputees. In 2000, he sold his original business, Specialty Prosthetics, located in Reno, and opened Prosthetic Consulting Technologies in 2006. He said that a license to practice prosthetics was not required in Nevada at that time. The company recently applied to enroll as a Medicaid provider and was informed that a Nevada State Board of Pharmacy license is required.

President Gandhi asked Mr. Riley why the answer on page 5 of the application regarding arrests/lawsuits was answered "Yes", but the explanation was whited out.

Mr. Riley explained that he had a client that required a shower prosthesis, but did not have the funds. The client and Mr. Riley agreed that in return for providing a shower prosthesis, the client would use his personal truck to haul trash in compensation for a shower prosthesis. The client sued Mr. Riley for compensation of his time spent hauling the trash. The lawsuit was thrown out of the lower court. The client in turn appealed to the Nevada Supreme Court. Mr. Riley's attorney informed him that the plaintiff will continue to appeal the case, and advised him to settle the suit. The suit was settled for \$4,000.00.

Mr. Pinson stressed to Mr. Riley that MDEGs are regulated by the Nevada State Board of Pharmacy. By law, a license is required to operate regardless of the licensure requirements for Medicaid or any other certification.

After discussion, the Board directed Mr. Edwards to provide Mr. Riley and Ms Flemming instruction on accessing the Nevada statutes.

Board Action:

Motion: Russ Smith moved to approve the application for Prosthetic Consulting Technologies pending a satisfactory inspection.

Second: Cheryl Blomstrom

Action: Passed Unanimously

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

American Medical Direct – San Antonio, TX

American Medical Direct (AMD) submitted an application for an Out-of-State Pharmacy License with "Parenteral" and "Parenteral (outpatient)" checked in the "Services Provided" section, which requires an appearance before the Board. Subsequent to submitting the application, a letter was received by Board Staff from Brock Rush, Chief Operating Officer, stating that AMD will not be shipping parenteral products into Nevada, but the letter did not indicate what services they intend to provide. A representative from AMD was not present.

Dave Wuest informed the Board that he contacted Mr. Brock to clarify what type of services AMD will be providing in Nevada. Mr. Brock indicated IVIG products will be shipped into Nevada. Mr. Wuest informed Mr. Brock that IVIG is a parenteral product. Mr. Brock then indicated that AMD will not be shipping IVIG, but will be sending non-sterile compounding products.

Mr. Pinson expressed Staff's concern regarding AMD's response to Mr. Wuest and recommended that AMD appear before the Board to clarify exactly what type of services they are applying for.

Board Action:

Motion: Cheryl Blomstrom moved to accept Board Staff's recommendation and return the AMD application for correction and require an AMD representative appear before the Board.

Second: Jack Dalton

Action: Passed Unanimously

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

Premium Surgical Services Center – Las Vegas

Frank Stile, M.D., Administrator/Owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

President Gandhi disclosed that David Winch, managing pharmacist for Premium Surgical Services, is employed by Sav-On, and indicated that will not influence his participation in this matter.

Leo Basch disclosed that he knows David Winch and stated that his participation will not be impacted.

Jody Lewis disclosed that she is familiar with David Winch through a previous employer and said that her participation in this matter will be unbiased.

Dr. Stile explained that in 2006, he constructed a freestanding clinical office and surgery center as a part of his plastic surgery practice. The facility has been licensed by the State of Nevada Health Department as an ambulatory surgery center since that time. Premium Surgical Services Center received accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 2011. In 2012, Dr. Stile's applied for and was granted a dispensing license by the Board of Pharmacy. During Dr. Stile's annual inspection by the Board for his dispensing license in February, 2013, the Board Inspector noted that the facility had not registered with the Board of Pharmacy as a surgical center as required by law. The Board Inspector ordered the center to cease surgical services, which they did. Dr. Stiles indicated that he and the

center's consultant pharmacist were under the impression that they were in compliance with all licensure requirements.

Mr. Pinson said that this was an unintentional oversight by Premium Surgical Services Center. The Health Department issues licenses without confirmation that a Board of Pharmacy license has been obtained. He will be addressing this issue with the Health Department.

Dr. Stile answered questions to the Board's satisfaction.

Mr. Pinson informed the Board that the Inspector was impressed with Dr. Stile's operation, and Mr. Pinson is confident that Dr. Stile's will be compliant. Board Staff supports renewal of the application.

Board Action:

Motion: Kirk Wentworth moved to approve the application for Premium Surgical Services.

Second: Cheryl Blomstrom
Leo Basch offered a friendly amendment that approval be granted immediately in order for Premium Surgical Services to resume operation. An inspection is to be conducted within thirty days of the approval of the application.
Wentworth and Blomstrom accepted the friendly amendment.

Action: Passed Unanimously

8. Appearance for Possible Action:

Brett Kandt, Special Deputy Attorney General – AB 39

Mr. Pinson explained that AB 39 is supported by the Attorney General to further address curtailment of methamphetamine precursors. Board Staff is in support of the bill pending discussion and support by the Board.

Brett Kandt, Special Deputy Attorney General, Liz Macmenamin, Retail Association of Nevada (RAN), and Chris Ferrari, Consumer Products Healthcare Association, addressed the Board on AB 39.

Mr. Kandt said that the Substance Abuse Working Group, chaired by Attorney General Catherine Cortez Masto, was established to study and make recommendations concerning the issue of methamphetamine use in Nevada. The group felt that a real-time stop sale system was worthy of the legislators' consideration and voted to submit the bill.

The National Precursor Log Exchange (NPLEx) is a real-time electronic logging system used by pharmacies and law enforcement to track sales of over-the-counter (OTC) cold and allergy medications containing precursors to methamphetamine. NPLEx allows on-

demand, real-time access to pharmacy logs from across the country. NPLEx is web-based and accessible from any computer with internet connectivity. The NPLEx system is available to pharmacies at no cost. Stop sale data is available to law enforcement agencies at no cost, subject to protocol, providing them the ability to monitor suspicious buying patterns and to monitor individuals who exceed the legal limits. Currently, twenty-eight states have authorized a real-time stop system, and twenty-six of those use NPLEx.

Mr. Kandt presented the proposed amendment to AB 39. The original language placed the Department of Public Safety (DPS) as the approving body for a real-time, stop sale system. The fiscal impact for DPS to oversee the program would be significant. The purpose of the amendment is to grant authority to approve a real-time, stop sale system for use by pharmacies and law enforcement agencies in Nevada to the Board of Pharmacy. This authority in other states lies with the board of pharmacy of that state. There would be no additional cost to the Board to oversee this program. The Board would not be liable for failure or misuse of the system.

Liz Macmenamin spoke in support of the NPLEx system. She said that this system is currently being used by some retail chain pharmacies. The approval of a real-time system will create uniformity by linking all the pharmacies in the state together so that the quantities of pseudoephedrine purchased can be monitored. Ms. Macmenamin noted that there is an override function in the system allowing a blocked sale to be overridden if the pharmacist feels he may be in danger if the sale is denied.

Chris Ferrari explained that access to the NPLEx system is granted by the National Association of Drug Diversion Investigators (NADDI). NADDI administers the system and provides direction to the technology vendor. The manufacturers of the medications sponsor NPLEx, and fund the entire cost of the service. Mr. Ferrari said with passage of AB 39, the Board will need to adopt regulations establishing the requirements for a real-time, stop sale system.

President Gandhi opened Public Comment.

Eric Tolley, pharmacist, expressed concern regarding patients not being able to obtain cold medications due to inaccurate data in the system. His other concern is manufacturer access to the data.

Mr. Ferrari explained that if there is a stop sale, a toll-free number is available for the pharmacist to call. If there is erroneous information in the system, it is corrected by NADDI. The pharmacist can then move forward with the sale. Regarding access to the data, only law enforcement users approved by NADDI have access. Mr. Kandt added that misuse of the data is a violation of Federal law under the Combat Methamphetamine Act and subject to Federal penalties.

President Gandhi closed Public Comment.

Mr. Kandt and Mr. Ferrari answered questions regarding the intent and language in AB 39 to the Board's satisfaction. The Board felt that a real-time stop sale system would

create an element of public safety and be an asset in helping to block the illegal sale of medications containing precursors to methamphetamine.

Board Action:

Motion: Russ Smith moved to support AB 39.

Second: Kirk Wentworth

Action: Passed Unanimously

9. Authority for Dave Wuest and Paul Edwards to Sign on Board Bank Accounts for Possible Action

Larry Pinson requested Board consideration to approve signature authority on Board bank accounts for Dave Wuest and Paul Edwards.

Board Action:

Motion: Cheryl Blomstrom moved to approve signature authority on Board bank accounts, and to approve the issuance of Board credit cards for Dave Wuest and Paul Edwards.

Second: Kirk Wentworth

Action: Passed Unanimously

10. Discussion and Determination for Possible Action:

Compounding Pharmacies

Mr. Pinson indicated that the FDA has not yet released an official report addressing their position on the role of the FDA and states in the oversight of compounding pharmacies. FDA representatives from the San Francisco regional office will be in Reno on Tuesday, March 12, 2013, to meet with Mr. Pinson. Mr. Pinson noted that he, the Deputy Secretary, General Counsel, Board Investigators and Inspectors have been commissioned by the FDA. Commissioned individuals are allowed access to confidential FDA investigative files during pharmacy inspections conducted by the FDA.

The updated compounding regulations adopted by this Board in 2008, are more stringent compared to most other states. Mr. Pinson has been contacted by other states to discuss and obtain copies of Nevada's compounding regulations. He and Mr. Edwards have participated in interviews with Arizona and Florida legislators to discuss how Nevada has and continues to address compounding regulations. Mr. Pinson noted that Nevada requires out-of-state applicants that provide parenteral services to appear before the Board. They are now required to include their state's most recent inspection and documentation of testing certification, including drug content and sterility testing, with their initial and renewal applications.

The Board discussed expanding the "Services Provided" section of the application form by adding check boxes for sterile and non-sterile compounding, number of doses compounded per year, a section for non-parenteral high-risk compounding products such as ophthalmics and respiratory inhalation.

There was discussion to restrict out-of-state applicants to pharmacies that do high-risk compounding. Due to Nevada's stringent compounding regulations, some in-state pharmacies have determined that it is not cost effective to provide compounding services. Specialty pharmacies may not be available in all areas of the state. The Board did not want to restrict patient access to medications by limiting approval to high-risk compounding pharmacies.

Dan Luce, Walgreen's National Director of Pharmacy Affairs, said that the Pharmacy Compounding Accreditation Board (PCAB) functions under the American Pharmacists Association (APhA). Approximately 200 pharmacies are PCAB accredited. PCAB is currently not recognized as an accreditation body. Mr. Luce commented that the general consensus in pharmacy board meetings across the country is that the FDA clearly needs to define compounding versus manufacturing. Compounding should be under the purview of pharmacy boards. Oversight of manufacturers will not be determined until the FDA has distinguished the line between compounding and manufacturing. NAPB is currently contracted by the state of Iowa to be their agent to inspect compounding pharmacies. The program is available to other states who wish to contract with NABP. NABP inspection reports will be available to other state boards. It was noted that some states require out-of-state applicants to be inspected by the State Board in which they are applying at the applicant's expense.

The Board directed Staff to modify the application for out-of-state pharmacies incorporating the changes discussed for presentation to the Board at the next meeting.

11. Executive Secretary Report for Possible Action:

A. Financial Report

Larry Pinson presented the financial reports to the Board's satisfaction.

B. Temporary Licenses

Nineteen temporary licenses were issued since the last meeting.

C. Staff Activities

1. Presentations: Drug Summit; Dental Board

D. Reports to Board

1. Legislative Committee on Regulations

-Mr. Pinson distributed a summary of the 2013 legislative activities.

-Amendment of NAC 453.510 Schedule I and NAC 639.725 Mechanical Counting Devices were approved by the Legislative Counsel Bureau and filed with the Secretary of State.

-SB 75 would allow patients addicted to prescription drugs to sue both the doctors who prescribed the medication and the manufacturers of the drugs. There is overwhelming opposition to this measure. Lisa Adams and Dave Wuest attended the session to answer questions related to the PMP.

2. FDA Visit and Credentialing

FDA representatives from the San Francisco regional office will be in Reno on Tuesday, March 12, 2013, to meet with Mr. Pinson. Mr. Pinson, the Deputy Secretary, General Counsel, Board Investigators and Inspectors have been commissioned by the FDA

E. Board Related News

1. FDA advisory committee voted 19 to 10 in favor of moving hydrocodone combination products to schedule II.

Mr. Pinson provided an article regarding proposed restrictions on pain medications.

2. VA to report to PMP's

The Department of Veterans Affairs issued an interim final ruling allowing the sharing of prescription information to state PMP's.

F. Activities Report

12. General Counsel Report for Possible Action:

A. Update on Matters Concerning Pharmacy Technicians

1. Disciplinary Options for Failure to Respond to Subpoena

Mr. Edwards stated that it has been the Board's practice to not bring formal action against pharmaceutical technicians. In some cases, if they are involved in a misfill or error, a technician has been subpoenaed to appear before the Board. Recently, there have been two instances where a technician has been subpoenaed, but did not appear. The Board directed Mr. Edwards to examine the law and determine the options to enforce subpoenas for those technicians who do not respond to the Board.

Mr. Edwards presented disciplinary options for failure to respond to a subpoena:

Option 1: Bring an accusation against the pharmacy technician's registration for unprofessional conduct [NRS 639.210(4)/NAC 639.945(1)(i)] and impose discipline as authorized in NRS 639.255.

Option 2: Pursue a contempt order in State Court [NRS 639.249].

The Board discussed that their intent is to ensure that technicians understand that they play an expanding role in the practice of pharmacy, and the impact they have on patient safety. Technicians involved in a violation need to be a part of the hearing process in order to understand what went wrong, realize the gravity of their actions, and given an opportunity to explain and provide information on a case. The Board felt that this applies to intern pharmacists as well. The Board agrees that if a licensee does not appear when subpoenaed, a notice of action and accusation should be brought against the individual for unprofessional conduct. If the licensee does not appear to address the accusation, an action will be taken against their license.

President Gandhi opened Public Comment on this matter.

Hal Taylor indicated that he is an attorney who represents professional licensees, and recommends the Board consider Option 1. The technician may be the only person with

information pertinent to the case. Requiring their appearance will get their attention that this is a very serious business which has tremendous consequences on the public.

Cheryl Mussell, career pharmaceutical technician, stated that she supports the Board in this matter. Technicians are part of the patient care process and need to be a part of the correction. In order to move closer to being considered a professional, technicians should be held accountable. Many times technicians are not made aware of an issue concerning a pharmacist or that the technician may have been involved.

President Gandhi closed Public Comment.

The Board directed Staff to bring a cause of action against the technicians and intern pharmacist that were subpoenaed to the prior two meetings but did not appear.

The disciplinary options are in the Nevada Revised Statutes and Nevada Administrative Codes. A Board vote is not required.

2. Disciplinary Options for Failure to Meet CE Requirements

Mr. Edwards noted that in addition to the annual training requirements, pharmaceutical technicians and pharmaceutical technicians in training are required to complete one hour of law CE prior to annual licensure renewal. The law CE regulation became effective during the 2010 renewal period. In 2009, pharmacy managers were notified of the regulation via fax blast and Board newsletter. Last month, a reminder was faxed indicating that Board Inspectors will be inspecting for technician law CE documentation. Pharmacy managers are responsible to verify that technicians have completed their training and law CE, and that documentation is maintained in the pharmacy and readily retrievable. During the current inspection cycle, Board Inspectors have identified forty technicians, to date, that have indicated on their renewal application that they had completed the law CE but could not produce documentation. There is an online law CE available free of charge on the Board's website. Live law CE classes are conducted by Board Staff throughout each year and CE credit can also be obtained by attending a Board meeting.

Mr. Edwards presented disciplinary options under NRS 639.210 and NAC 639.945 for the Board's consideration. He recommended that Board Staff continue educating to heighten awareness regarding CE requirements. As the Inspectors identify technicians that are out of compliance, send a letter of admonition requiring completion of the law CE within an established amount of time. The technician will make up the law CE for the past renewal period in addition to fulfilling the requirement for the current renewal period. If the technician does not respond to the letter, pursue an accusation against the technician. In extremely egregious cases to the extent that the managing pharmacist does not attempt to resolve the issue, pursue an action against the managing pharmacist and the pharmacy.

President Gandhi opened Public Comment.

Adam Porath, pharmacist representing the Nevada Society of Health System (NSHSP) Pharmacists, asked if the Board has considered that evidence of CE be submitted with the application.

Mr. Pinson responded that was done in the past which resulted in a massive amount of paperwork. The application for pharmacists and technicians include a box to check attesting that they have completed the requirements for CE for the renewal period. The Board now audits 20% of applicants requiring them to provide documentation of completion of the appropriate number of CE hours. The Board applies a matrix guideline for disciplinary action for failure to meet the CE requirements.

President Gandhi closed Public Comment.

Board Action:

Motion: Cheryl Blomstrom moved to accept Mr. Edwards' recommendations.

Second: Jody Lewis

Action: Passed Unanimously

- B. Update on Delivery of Prescriptions
 - 1. Inconsistency Between Nevada Statute and Board Regulation
 - 2. Precedent from other Jurisdictions

Mr. Edwards noted that at the January Board meeting, the question of the delivery of prescription drugs was discussed. Dynamex petitioned the Board to amend the regulation to allow a commercial entity to pick up a prescription drug from the pharmacy and deliver it to the patient. Currently, there is no safe, secure delivery system in place. Taxi cabs are often used by patients to pick up and deliver prescriptions. The Board asked Staff to review the requirements of Nevada and ascertain other states' regulations.

NAC 639.710 indicates that prescriptions must be delivered by a bona fide employee of the pharmacy directly to the patient, or to a person at the patient's residence, or person on staff of the medical facility where the patient is being treated. Prescribed medications may be picked up from the pharmacy by a non-compensated agent of the person for whom it is prescribed. The current regulations do not allow creation of a company designed to pick up the prescription from the pharmacy and deliver it to the patient. NRS 453.226 allows a common or contract carrier or warehouseman to possess and distribute controlled substances. The statute does not address dangerous drugs. Mr. Edwards informed the Board that some states' regulations are similar to Nevada's. Other states are more lenient allowing anyone to pick up and deliver prescriptions.

Mr. Edwards recommended adding an intermediary category allowing companies that meet the requirements as approved by the Board for the safe and secure delivery of prescription medications.

President Gandhi opened Public Comment.

Ken Bender, Omnicare Pharmacy Manager-Reno, referenced a letter sent to Board Staff from Chirag Patel, Omnicare Pharmacy Manager-Las Vegas. Mr. Patel pointed out that for pharmacies servicing skilled nursing and assisted living facilities, the delivery to the patient is an in-house medication round by nursing staff three to four times a day. Single pharmacies service those facilities all over Nevada. The idea of a delivery pharmacy employee is not applicable. A fleet of couriers is involved each day to accomplish delivery to those facilities. The business relationship pharmacies have established with the couriers address HIPPA, security and accountability. He feels there is a need to look at the regulations. A sufficient number of pharmacy employees would be required to accomplish deliveries and that number would outweigh the pharmacy staff. Pharmacies need to utilize professional courier services for that purpose.

Liz Macmenamin said that RAN believes in patients having access to medications and healthcare. She offered her support to work with the Board on changing the current regulation.

Eric Tolly, pharmacist, noted that he has experienced situations in which a security guard has picked up and delivered prescriptions to staff where the guard is employed. Mr. Tolly said that this is not an uncommon occurrence.

Adam Porath, (NSHSP), said that he recently learned that home healthcare nurses cannot bring influenza vaccine to a patient's home for administration. The patient must go to the retail pharmacy and pick up the vaccine. Nurses are concerned about appropriate storage of the vaccine from the time the vaccine leaves the pharmacy up to the point the nurse obtains the vaccine from the patient for administration. Mr. Pinson clarified that in this situation, the nurse is an employee of the home health agency and can deliver the drug to the patient.

Mr. Gandhi closed Public Comment.

The Board directed Board Staff to review the regulation and schedule a Workshop to present updated language. Board asked Staff to address pharmacy versus patient initiation of the delivery request. Define common carriers and develop parameters to ensure security, safety, accountability, etc. Consider options which will be beneficial to patients who require this type of service

B. Update on Declination Regulation

Mr. Edwards' contact at LCB could not provide the current status of the regulation. He will continue to follow-up with LCB.

- D. Intent of Mechanical Device Regulation
 - 1. Intent Underlying NAC 639.720

Mr. Edwards noted that at the January Board meeting, the Board asked for clarification of the regulation for use of mechanical devices that are designed to dispense prescriptions for administration to patients in a long term care facility. Mr. Edwards indicated that NRS 639.720 does allow the devices to be placed in the facility if the device complies with the specifics outlined in the regulation. The device must be inspected and approved by Board Staff.

13. Next Board Meeting:

April 17-18, 2013 – Las Vegas, Nevada

14. 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)

March 7, 2013

Dennis McAllister, representing Express Scripts, noted that the 2013 NABP meeting in May will be held in St. Louis, Missouri, which is also the location of the Express Scripts headquarters. He extended an invitation to Board Members and Staff to attend a tour of the Express Scripts facility scheduled for the afternoon of Monday, May 20th.

Liz Macmenamin, RAN, informed the Board that Assemblywoman Spiegel sponsored AB 95, which requires a pharmacist or practitioner to indicate on a prescription label if a generic drug has been substituted for a drug prescribed by brand name. RAN supports this bill. Mr. Pinson noted that this requirement is currently in regulation.

Ms. Macmenamin stated RAN is supporting the 90 day no call fill bill which allows the pharmacist to use his professional judgment allowing him the ability to change the quantity of maintenance medications for up to a 90 day supply without contacting the prescriber.

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"/> 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 <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: CAREPOINT PHARMACY
Physical Address: 911B N. PLUM GROVE RD, SCHAUMBURG, IL 60173
Mailing Address: 911B N. PLUM GROVE RD
City: SCHAUMBURG State: IL Zip Code: 60173
Telephone: 855-237-9112 Fax: 855-237-9113
Toll Free Number: 855-237-9112 (Required per NAC 639.708)
E-mail: BPATEL@CAREPOINTRX.COM Website: WWW.CAREPOINTRX.COM
Managing Pharmacist: BHAVESH PATEL License Number: 051-286786

Hours of Operation:

Monday thru Friday 8 am 5:30 pm Saturday 9 am 12 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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- | | |
|--|---|
| <input 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 checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>037291</u>)

<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: Myhan Enterprises, Inc dba Colbert Pharmacy
Physical Address: 400 S. Montgomery Ave Suite 108
Mailing Address: SAME
City: Sheffield State: AL Zip Code: 35660
Telephone: (256) 389-9900 Fax: (256) 389-9096
Toll Free Number: 1-855-381-8466 (Required per NAC 639.708)
E-mail: Colbert-pharmacy@gmail.com Website: _____
Managing Pharmacist: William Harrison License Number: 15901 (AL)

Hours of Operation:

Monday thru Friday 8 am 6 pm Saturday 8 am 2 pm
Sunday - am - pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

NEVADA STATE BOARD OF PHARMACY
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Application must be printed legibly or typed

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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: Corona Specialty Pharmacy

Physical Address: 1280 Corona Pointe Court #114, Corona, CA 92879

Mailing Address: 1280 Corona Pointe Court #114, Corona, CA 92879

City: Corona State: CA Zip Code: 92879

Telephone: 951-278-1008 Fax: 951-278-1009

Toll Free Number: 888-747-5592 (Required per NAC 639.708)

E-mail: mdmxinc@gmail.com Website: www.CoronaSpecialtyPharmacy.c

Managing Pharmacist: Diane Ahn License Number: RPH 54853

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday N/A am _____ pm

Sunday N/A am _____ pm

24 Hours N/A

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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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: CureRX Compounding Pharmacy, Inc.
Physical Address: 5060 W. Sunset Blvd. #C Los Angeles, CA 90027
Mailing Address: 5060 W. Sunset Blvd #C
City: Los Angeles State: CA Zip Code: 90027
Telephone: (323) 667-1111 Fax: (323) 667-1131
Toll Free Number: (855) 667-1121 (Required per NAC 639.708)
E-mail: CureRXPharmacy@GMAIL.com Website: www.curerxpharmacy.com
Managing Pharmacist: Philip Ettegui License Number: 49611

Hours of Operation:

Monday thru Friday <u>9</u> am <u>5³⁰</u> pm	Saturday <u>10</u> am <u>2</u> pm
Sunday <u>N/A</u> am <u>N/A</u> pm	24 Hours <u>N/A</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Fusion Specialty Pharmacy

Physical Address: 1100 Canyon View Dr. Suite C

Mailing Address: Same

City: Santa Clara State: UT Zip Code: 84765

Telephone: 435-703-9680 Fax: 855-853-3465

Toll Free Number: 888-963-9681 (Required per NAC 639.708)

E-mail: fusion@rx-fusion.com Website: fusionspecialtypharmacy.com

Managing Pharmacist: Travis Jackman License Number: 4911172-1701

Hours of Operation:

Monday thru Friday 9 am 5:30 pm

Saturday 10 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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152664

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

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

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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input 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: Goodlife Pharmacy Inc

Physical Address: 8903 Glades Road, Suite G13

Mailing Address: Same as above

City: Boca Raton State: FL Zip Code: 33434

Telephone: 561-999-8855 Fax: 561-948-0860

Toll Free Number: 1-888-870-1485 (Required per NAC 639.708)

E-mail: Mail@GLPharmacy.com Website: _____

Managing Pharmacist: Nicole Balarezo License Number: PS40355

Hours of Operation:

Monday thru Friday 10 am 6 pm Saturday _____ am _____ 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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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 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
<input checked="" type="checkbox"/> 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: INFUSERVE AMERICA

Physical Address: 11880 28th Street North St. Petersburg, FL 33716

Mailing Address: 11880 28th Street North

City: St. Petersburg State: FL Zip Code: 33716

Telephone: 727-573-7847 Fax: 727-573-0535

Toll Free Number: 800-886-9222 (Required per NAC 639.708)

E-mail: blaine@infuserveamerica.com Website: www.infuserveamerica.com

Managing Pharmacist: Randolph Breton License Number: PS 27126

Hours of Operation:

Monday thru Friday 9:00 am 5:00 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours on call

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input checked="" 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 type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

62603

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"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: Inverness Apothecary
Physical Address: 1004 Champion Blvd Ste 100, Birmingham, AL 35242
Mailing Address: 1004 Champion Blvd Ste 100, _____
City: Birmingham State: Alabama Zip Code: 35242
Telephone: 205.996.0505 Fax: 855.578.0507
Toll Free Number: 855.771.0505 (Required per NAC 639.708)
E-mail: invernessapothecary@gmail.com Website: www.invernessdrugs.com
Managing Pharmacist: William Fixler License Number: 14096 - AL
18470 - NV

Hours of Operation:

Monday thru Friday 8:00am 6:00pm Saturday 9:00am 1:00pm on cc
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

62552

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 <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 (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: LHC Group Pharmaceutical Services, LLC

Physical Address: 1019 Auburn Ave, Lafayette, LA 70503

Mailing Address: PO Box 51266

City: Lafayette State: LA Zip Code: 70505-1266

Telephone: (337) 233-4656 Fax: (337) 233-5764

Toll Free Number: 888-810-9627 (Required per NAC 639.708)

E-mail: angel.richard@lhcgroupp.com Website: _____

Managing Pharmacist: Jeffrey D. Lewis License Number: PST.013638

Hours of Operation:

Monday thru Friday 8:00 am 5:00 pm Saturday _____ am _____ 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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62620

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 <div style="text-align: right; font-size: small;">(Please provide current license number if making changes: PH_____)</div> <input 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 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: Medcart Specialty Pharmacy

Physical Address: 32131 Industrial Road

Mailing Address: Same As Above

City: Livonia State: MI Zip Code: 48150

Telephone: 734-762-6600 Fax: 734-762-6601

Toll Free Number: 877-770-4633 (Required per NAC 639.708)

E-mail: eddie.abuieda@medcartpharmacy.com Website: www.medcartpharmacy.com

Managing Pharmacist: Iyyad (Eddie) Abueida License Number: 5302031709

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>6:00</u> pm	Saturday <u>10:00</u> am <u>3:00</u> 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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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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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: MedPoint Pharmacy, LLC.

Physical Address: 211 10th Avenue North

Mailing Address: 211 10th Avenue North

City: Amory State: MS Zip Code: 38821

Telephone: (888) 270-3087 Fax: (888) 600-7369

Toll Free Number: (888) 270-3087 (Required per NAC 639.708)

E-mail: pharmacy@medpointadvantage.com Website: _____

Managing Pharmacist: S. Phillip Carson License Number: 17450

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
Sunday _____ 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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<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: Navarro Specialty Services, LLC

Physical Address: 9400 NW 104 Street, Suite A, Medley, FL 33178

Mailing Address: 9400 NW 104 Street, Suite A

City: Medley State: FL Zip Code: 33178

Telephone: 786-220-8865 Fax: 305-883-0652

Toll Free Number: 855-647-7979 (Required per NAC 639.708)

E-mail: nhs@navarro.com Website: www.navarrohealthservices.com

Managing Pharmacist: Elizabeth Hernandez License Number: PS40420

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

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(Please provide current license number if making changes: PH _____)	
<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: Kare Pharmacy Inc DBA Neighborhood Drugs of Coral Sp

Physical Address: 2901 Coral Hills Drive Suite 120

Mailing Address: _____

City: Coral Springs State: FL Zip Code: 33065

Telephone: 954 346 3784 Fax: 954 346 0461

Toll Free Number: 888 908 2512 (Required per NAC 639.708)

E-mail: pharmacist@myneighborhoodrx.com Website: N/A

Managing Pharmacist: Wilhelm Garcia License Number: PS40288

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday — am — pm

Sunday — am — pm

24 Hours ☒

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input 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

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 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: PETNET Solutions, Inc.

Physical Address: 16140 Bristol Parkway

Mailing Address: Same

City: Culver City State: CA Zip Code: 90230

Telephone: 310-846-1676 Fax: 310-568-9491

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: Keith.higa@petnetsolutions.com Website: N/A

Managing Pharmacist: Keith Higa License Number: 43797

Hours of Operation:

Monday thru Friday <u>10</u> ^{pm} _{am} <u>3</u> ^{AM} _{pm}	Saturday <u>10</u> ^{pm} _{am} <u>10</u> ^{AM} _{pm}
Sunday <u>closed</u> _{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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NEVADA STATE BOARD OF PHARMACY
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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: Pharmalabs LLC

Physical Address: 10901 Roosevelt Boulevard Suite 1200

Mailing Address: 10901 Roosevelt Boulevard Suite 1200

City: St. Petersburg State: FL Zip Code: 33716

Telephone: 727-576-6655 Fax: _____

Toll Free Number: 888-572-8367 (Required per NAC 639.708)

E-mail: _____ Website: _____

Managing Pharmacist: Dean Pedalino License Number: PS19523

Hours of Operation:

Monday thru Friday 9:00 am 5:00 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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: VPH PHARMACY
Physical Address: 5376 MILLER RD, SWARTZ CREEK, MT 48473
Mailing Address: 5376 MILLER RD, SWARTZ CREEK, MT 48473
City: SWARTZ CREEK State: MT Zip Code: 48473
Telephone: (810) 877-7170 Fax: (810) 733-1820
Toll Free Number: (866) 668-7479 (Required per NAC 639.708)
E-mail: info@vphrx.com Website: www.vphrx.com
Managing Pharmacist: Bina Patel License Number: 5302040991

Hours of Operation:

Monday thru Friday 8 am 7 pm Saturday 9 am 2 pm
Sunday 9 am 2 pm 24 Hours YES - ON CALL PHARM

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 checked="" type="checkbox"/> 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: Wegmans Food Markets, Inc.

Physical Address: 2851 Broadway, Cheektowaga, NY 14227

Mailing Address: 2851 Broadway

City: Cheektowaga State: NY Zip Code: 14227

Telephone: 716-894-2172 Fax: 716-894-7047

Toll Free Number: 800-934-4797 (Required per NAC 639.708)

E-mail: pharmacy.centralfill@wegmans.com Website: www.wegmans.com

Managing Pharmacist: Darry C. Gies License Number: 046239

Hours of Operation: ON CALL 24 HOURS/DAY, 7 DAYSWEEK

Mon: 1-10:30pm

Tues/Wed/Thurs: 2-10:30pm

Fri/Sun: 3-10:30pm

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 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: Advanced Lifeline Services, Inc. d/b/a Advanced Lifeline Respiratory Services

Physical Address: 9400 Williamsburg Plaza, Suite 200, Louisville, KY 40222
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9400 Williamsburg Plaza, Suite 200

City: Louisville State: Kentucky Zip Code: 40222

Telephone: (502) 426-1958 Fax: (502) 426-2337

E-mail: jhinson@alsvents.com Website: http://www.alsvents.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 24/7 to 24/7 Tue: 24/7 to 24/7 Wed: 24/7 to 24/7 Thu: 24/7 to 24/7
Fri: 24/7 to 24/7 Sat: 24/7 to 24/7 Sun: 24/7 to 24/7 Holidays: 24/7 to 24/7

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Baumanns

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: Robert Baumanns Telephone: (775) 657-9299

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: Breg, Inc.

Physical Address: 2885 Loker Avenue East
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Carlsbad State: CA Zip Code: 92010

Telephone: 877-848-0706 Fax: 760-795-5286

E-mail: DBregle@breg.com Website: www.breg.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:00 to 5:00 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dave Brengle, Vice President, Operations

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: General HME (canes, crutches, walkers, commodes) specific to orthopedic rehabilitation

**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

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

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☒ New MDEG

☐ Ownership 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 1,2,3,5

☐ Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: DXE Medical, Inc.

Physical Address: 1001 Flagpole Court, Brentwood, TN 37027

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

Mailing Address: Attn: Regulatory Affairs Dept., P.O. Box 8023

City: Dublin State: OH Zip Code: 43016

Telephone: 866-349-4364 Fax: 615-786-0896

E-mail: Regulatory@sarnova.com Website: http://www.dixiemed.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nathan R. Hysmith

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

☐ Medical Gases**

☐ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis AEDs, pulse oximeters

☐ Diabetic Supplies

Other: defibrillators, vital signs monitors, EKGs,

**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: _____

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 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: First Choice Care, LLC

Physical Address: 53 Frontage Road, Suite 102, Hampton, NJ 08827
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 53 Frontage Road, Suite 102

City: Hampton State: NJ Zip Code: 08827

Telephone: (855) 238-0395 Fax: (908) 730-5902

E-mail: sletko@fccare.nj.com Website: N/A

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: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Svitlana Letko

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: Ed pump, seat lift mechanism

**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

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☒ New MDEG

☐ Ownership 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 1,2,3,5

☐ Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: National Seating + Mobility, Inc.

Physical Address: 1805 West 2900 South Ste 3, Ogden UT 84401
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5959 Shallowford Rd, Ste 443

City: Chattanooga State: TN Zip Code: 37421-2245

Telephone: 423-756-2268 Fax: 423-266-9690

E-mail: kgrady@nsm-seating.com Website: www.nsm-seating.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: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Phil Swanson / Branch Mgr

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

☐ Medical Gases**

☒ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis

☐ Diabetic Supplies

Other: _____

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

Name: NA

Telephone: NA

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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☒ New MDEG

☐ Ownership 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 1,2,3,5

☐ Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: National Seating + Mobility, Inc.

Physical Address: 1247 Filer Avenue East, Twin Falls ID 83301
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5959 Shallowford Rd, Ste 443

City: Chattanooga State: TN Zip Code: 37421-2245

Telephone: 423-756-2268 Fax: 423-266-9690

E-mail: kgrady@nsm-seating.com Website: www.nsm-seating.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: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Aaron Moore / Branch Mgr

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

☐ Medical Gases**

☒ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis

☐ Diabetic Supplies

Other: _____

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

Name: NA

Telephone: NA

NEVADA STATE BOARD OF PHARMACY

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

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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: Omni Motion, Inc.

Physical Address: 2888 Loker Avenue East, #208
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Carlsbad State: CA Zip Code: 92010

Telephone: 800-735-0112 Fax: 760-632-1364

E-mail: DBrengle@breg.com Website: www.omnimotion.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dave Brengle, Vice President, Operations

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: General HME (canes, crutches, walkers, commodes) specific to orthopedic rehabilitation

**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

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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: Otican Medical LLC

Physical Address: 580 Howard Avenue
(This must be a business address, we can not issue a license to a home address)

Mailing Address: N/A

City: Somerset State: NJ Zip Code: 08873

Telephone: 888-277-8014 Fax: 732-868-6949

E-mail: cah@oticanmedicalusa.com Website: www.oticanmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 7* Tue: 9 to 7* Wed: 9 to 7* Thu: 9 to 7* * Eastern Time zone
Fri: 9 to 7* Sat: closed to closed Sun: closed to closed Holidays: closed to closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Curt Gorman, President & COO

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>bone anchored hearing devices</u> |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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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: Twenty Four Hour Dependable Medical Supplies, LLC

Physical Address: 405 Williams Court, Suite 109
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 405 Williams Court, Suite 109

City: Middle River State: MD Zip Code: 21220

Telephone: 410-344-1414 Fax: 410-344-1344

E-mail: Cheryllette38@gmail.com Website: www.24hrmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Cheryllette Henderson

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

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

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

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

<input 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: Abbvie Endocrinology Inc.

Physical Address: 1 N. Waukegan Rd AP52

Mailing Address: 1 N. Waukegan Rd., Dept G502, Bldg AP5

City: North Chicago State: IL Zip Code: 60064

Telephone: 847-935-1132 Fax: 847-937-1708

Toll Free Number: N/A

E-mail: Walter.johnson@abbvie.com Website: www.abbvie.com

Facility Manager: Maureen Bryson

Professional qualifications and experience of facility manager: Resume attached.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

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

GENERAL INFORMATION

Facility Name: Albertsons LLC Distribution Center #8720

Physical Address: 2500 Industrial Blvd. Ponca City, OK 74601

Mailing Address: P.O. Box 20, Dept. 70428

City: Boise State: ID Zip Code: 83726

Telephone: 580-718-7700 Fax: 580-718-7804

Toll Free Number: _____

E-mail: licensegroupla@supervalu.com Website: _____

Facility Manager: John Gagnon aka Jack Gagnon

Professional qualifications and experience of facility manager: _____
31 yrs of Distribution Mgmt Experience

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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☒ 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: Allegis Pharmaceuticals, LLC

Physical Address: 276 Nissan Parkway F100

Mailing Address: P.O. Box 189, Madison, MS 39130-0189

City: Canton State: MS Zip Code: 39046

Telephone: (601) 859-0038 Fax: (601) 859-0041

Toll Free Number: NA

E-mail: rettcrowder@allegispharma.com Website: NA

Facility Manager: Rett Crowder

Professional qualifications and experience of facility manager: 3 yrs of total operations experience. Inventory control, warehouse orders, accounting & reporting.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: handle returned/expired prescription drugs. Prepare them for destruction.

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

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

<input 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: AmerisourceBergen Drug Corporation

Physical Address: 1851 California Avenue, Corona, CA 92881

Mailing Address: 1851 California Avenue

City: Corona State: CA Zip Code: 92881

Telephone: 951-371-2000 Fax: 951-371-3001

Toll Free Number: 800-252-8773

E-mail: eguevara@amerisourcebergen.com Website: www.amerisourcebergen.com

Facility Manager: John Stavich, Director of Operations

Professional qualifications and experience of facility manager: _____
Please see Exhibit G attached hereto and made a part hereof

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 checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input checked="" type="checkbox"/> Controlled Substances (include copy of DEA)	
<input checked="" 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.

<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: BioCamp Pharma, Inc.

Physical Address: 38505 IH 10 West

Mailing Address: Same

City: Boerne State: TX Zip Code: 78006

Telephone: 830-249-9822 Fax: 830-249-3383

Toll Free Number: 800-272-7364

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

Facility Manager: Eric White

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

Types of licensed outlets or authorized persons firm will serve:

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

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.

<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: Biogen Idec U.S. Corporation

Physical Address: 5000 Davis Drive

Mailing Address: Same as above

City: Research Triangle Park State: NC Zip Code: 22709-4627

Telephone: 919-993-1100 Fax: 919-941-1112

Toll Free Number: _____

E-mail: N/A Website: www.biogenidec.com

Facility Manager: David Sadi -Director Manufacturing Support

Professional qualifications and experience of facility manager: See attached summary of experience

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: CENTRAL ADMIXTURE PHARMACY SERVICES, INC.

Physical Address: 6580 SNOWDRIFT ROAD, SUITE 100

Mailing Address: 6580 SNOWDRIFT ROAD, SUITE 100

City: ALLENTOWN State: PA Zip Code: 35209

Telephone: 610-395-5170 Fax: 610-395-5178

Toll Free Number: 855-275-2270

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

Facility Manager: GREGORY SMITH

Professional qualifications and experience of facility manager: REGISTERED PHARMACIST

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 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 checked="" type="checkbox"/> Other: <u>PARENTERALS</u>	

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: Cooper Surgical, Inc.
Physical Address: 45 Corporate Drive
Mailing Address: 75 Corporate Drive
City: Trumbull State: CT Zip Code: 06611
Telephone: 203-601-5200 Fax: 203-601-9870
Toll Free Number: 1-800-243-2974
E-mail: robert.tauerbach@coopersurgical.com Website: www.coopersurgical.com
Facility Manager: Robert Auerbach, Exec. VP, CMO
Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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 01705)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☒ Partnership - Pages 1,2,3,6 LLC owned by LP

☐ 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: Covidien Sales LLC

Physical Address: 110 Kendall Park Lane, Atlanta, Georgia 30336

Mailing Address: 15 Hampshire Street Attn: Cathy Medeiros

City: Mansfield State: MA Zip Code: 02048

Telephone: (508) 261-6083 Fax: (508) 261-8461

Toll Free Number: N/A

E-mail: cathy.medeiros@covidien.com Website: www.covidien.com

Facility Manager: James Rachal, Site Director

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Clinics, other distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☒ Other: OTC devices, OTC drugs

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: WH01704)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☒ Partnership - Pages 1,2,3,6 LLC owned by LP

☐ 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: Covidien Sales LLC

Physical Address: Two Ludlow Park Drive, Chicopee MA 01022

Mailing Address: 15 Hampshire Street Attn: Cathy Medeiros

City: Mansfield State: MA Zip Code: 02048

Telephone: (508) 261-6083 Fax: (508) 261-8461

Toll Free Number: N/A

E-mail: cathy.medeiros@covidien.com

Website: www.covidien.com

Facility Manager: Tom Gatesman

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Clinics, other distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☒ Other: OTC devices

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

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 01703)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☒ Partnership - Pages 1,2,3,6 LLC owned by LP

☐ 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: Covidien Sales LLC

Physical Address: 815 Tek Drive, Crystal Lake, IL 60014

Mailing Address: 15 Hampshire Street Attn: Cathy Medeiros

City: Mansfield State: MA Zip Code: 02048

Telephone: (508) 261-6083 Fax: (508) 261-8461

Toll Free Number: N/A

E-mail: cathy.medeiros@covidien.com

Website: www.covidien.com

Facility Manager: Brian Kostka

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: 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: OTC Devices

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 016304)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☒ Partnership - Pages 1,2,3,6 LLC owned by LP

☐ 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: Covidien Sales LLC

Physical Address: 3901 Rock Creek Blvd, Joliet, Illinois 60431

Mailing Address: 15 Hampshire Street Attn: Cathy Medeiros

City: Mansfield State: MA Zip Code: 02048

Telephone: (508) 261-6083 Fax: (508) 261-8461

Toll Free Number: 800-962-9888

E-mail: cathy.medeiros@covidien.com Website: www.covidien.com

Facility Manager: Eric Smrt, Site Director

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☒ Other: OTC drugs, medical devices, durable medical equipment

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH01712)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6 LLC owned by LP
<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: Covidien Sales LLC

Physical Address: 4651 East Francis Street, Ontario CA 91761-2205

Mailing Address: 15 Hampshire Street Attn: Cathy Medeiros

City: Mansfield State: MA Zip Code: 02048

Telephone: (508) 261-6083 Fax: (508) 261-8461

Toll Free Number: N/A

E-mail: cathy.medeiros@covidien.com Website: www.covidien.com

Facility Manager: Brent Wood, Site Director

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics, other distributors

Type of Products to be handled or wholesaled by firm:

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

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>WH 01701</u>)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6 LLC owned by LP
<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: Covidien Sales LLC

Physical Address: 1313 West Grant Blvd , Wabasha MN 55981

Mailing Address: 15 Hampshire Street Attn: Cathy Medeiros

City: Mansfield State: MA Zip Code: 02048

Telephone: (508) 261-6083 Fax: (508) 261-8461

Toll Free Number: 800-328-9454

E-mail: cathy.medeiros@covidien.com Website: www.covidien.com

Facility Manager: Michael Midby

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: 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: OTC Devices

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: Fagron, Inc.

Physical Address: 15955 N. Dial Blvd

Mailing Address: _____

City: Scottsdale State: AZ Zip Code: 85260

Telephone: (800) 951-5847 Fax: (480) 951-5847

Toll Free Number: (800) 423-6967

E-mail: tammy.stump@fagron.us Website: www.fagron.us

Facility Manager: Tammy Stump

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

<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.

<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: Hope Pharmaceuticals

Physical Address: 16416 N. 92nd St. #125 Scottsdale, AZ 85260

Mailing Address: 16416 N. 92nd St. #125

City: Scottsdale State: AZ Zip Code: 85260

Telephone: 480-607-1970 Fax: 480-607-1971

Toll Free Number: 800-755-9595

E-mail: sherman@hopepharm.com Website: www.hopepharm.com

Facility Manager: Craig Sherman, M.D.

Professional qualifications and experience of facility manager: M.D., M.B.A.

Greater than 20 years experience in the pharmaceutical industry

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: Hope Pharmaceuticals distributes only its 3 FDA-approved medications that are indicated for the treatment of cyanide poisoning.

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH <u>01070</u>)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,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: J. Knipper and Company, Inc.
Physical Address: 25 Madison Road, Totowa, NJ 07512
Mailing Address: One Healthcare Way
City: Larkewood State: NJ Zip Code: 08701
Telephone: (732) 905-7878 Fax: (732) 905-0469
Toll Free Number: 888-Knipper
E-mail: compliance@knipper.com Website: www.knipper.com
Facility Manager: Michael Fechter
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Sales reps of pharmaceutical companies/clients

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 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: Mission Pharmacal Company

Physical Address: 38505 IH 10 West

Mailing Address: same

City: Boerne State: TX Zip Code: 78006

Telephone: 830-249-9822 Fax: 830-249-3383

Toll Free Number: 800-292-7364

E-mail: eric.white@missionpharmacal.com Website: www.missionpharmacal.com

Facility Manager: Eric White

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

Types of licensed outlets or authorized persons firm will serve:

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

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.

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

Facility Name: RGH Enterprises, Inc.

Physical Address: 1265 South River Road, Suite 200, Cranbury, NJ 08512

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip Code: 44087

Telephone: 877-898-9785 Fax: 330-405-5674

Toll Free Number: 877-898-9785

E-mail: rghlicensure@rghent.com Website: www.indemed.com; www.edgepark.com

Facility Manager: Melvin Greene

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

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices <input type="checkbox"/> Poisons or Chemicals <input type="checkbox"/> Controlled Substances (include copy of DEA) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hypodermic Devices <input type="checkbox"/> Veterinary Legend Drugs
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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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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 INFORMATIONFacility Name: RGH Enterprises, Inc.Physical Address: 1825 Westpark Drive, Suite 200, Grand Prairie, TX 75050Mailing Address: 1810 Summit Commerce ParkCity: Twinsburg State: OH Zip Code: 44087Telephone: 877-410-6446 Fax: 330-405-5674Toll Free Number: 877-410-6446E-mail: rghlicensure@rghent.com Website: www.indemed.com; www.edgepark.comFacility Manager: Davis HoodProfessional qualifications and experience of facility manager: See AttachedTypes of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input checked="" 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
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<input type="checkbox"/> Other: _____	

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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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: RGH Enterprises, Inc.

Physical Address: 8000 Forshee Dr. Jacksonville, FL 32219

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip Code: 44087

Telephone: 877-233-1543 Fax: 330-405-5674

Toll Free Number: 877-233-1543

E-mail: rghlicensure@rghent.com Website: www.edgepark.com; www.indemed.com

Facility Manager: Agnes Plourde, Supervisor/Designated Rep

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be 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

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<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: RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.

Physical Address: 3980 Earlstone Street, Ontario CA 91761

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip Code: 44087

Telephone: 877-782-1295 Fax: 330-405-5674

Toll Free Number: 877-782-1295

E-mail: rghlicensure@rghent.com Website: www.indemed.com; www.edgepark.com

Facility Manager: George W. Pizarro

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 checked="" 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 be 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

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Application must be printed legibly or typed

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
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GENERAL INFORMATIONFacility Name: RGH Enterprises, Inc.Physical Address: 7250 Vorden Parkway, South Bend, IN 46628Mailing Address: 1810 Summit Commerce ParkCity: Twinsburg State: OH Zip Code: 44087Telephone: 866-523-1486 Fax: 330-405-5674Toll Free Number: 866-523-1486E-mail: rghlicensure@rghent.comWebsite: www.indemed.com; www.edgepark.comFacility Manager: Teresa ThomasProfessional qualifications and experience of facility manager: See AttachedTypes of licensed outlets or authorized persons firm will serve:

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

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

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

GENERAL INFORMATION

Facility Name: SAV-A-LIFE, LLC

Physical Address: 2260 WENDT ST.

Mailing Address: 2260 WENDT ST.

City: ALGONQUIN State: IL Zip Code: 60102

Telephone: 800-933-5885 Fax: 847-426-2803

Toll Free Number: 800-933-5885

E-mail: Sales@savalife.com Website: WWW.SAVALIFE.COM

Facility Manager: DAVID RUCH

Professional qualifications and experience of facility manager: 3+ YEARS AS CORPORATE OFFICE, MANAGER, DESIGNATED REPRESENTATIVE OF SAV-A-LIFE, LLC.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: DENTAL PRACTITIONERS

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: _____

VAWD

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: XenoPort, Inc.

Physical Address: 3410 Central Expressway, Santa Clara, CA 95051

Mailing Address: 3410 Central Expressway

City: Santa Clara State: CA Zip Code: 95051

Telephone: 408-616-7200 Fax: n/a

Toll Free Number: n/a

E-mail: info@xenoport.com Website: www.xenoport.com

Facility Manager: David Savello

Professional qualifications and experience of facility manager: more than 30 years of pharmaceutical industry experience with focus on the executive management of drug development, regulatory affairs and compliance. M.S. & Ph.D. in Pharmaceutics (Univ. of Maryland School of Pharmacy)

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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: ActivStyle, Inc

Physical Address: 3500 Lakeside Court Suite 200, Reno NV 89509
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1701 Broadway St NE

City: Minneapolis State: MN Zip Code: 55413

Telephone: 800-651-6223 Fax: 866-896-7171

E-mail: aabel@ActivStyle.com Website: www.ActivStyle.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:00 to 3:30 Tue: 7:00 to 3:30 Wed: 7:00 to 3:30 Thu: 7:00 to 3:30
Fri: 7:00 to 3:30 Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Yvonne Fiedler

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

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

**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: _____

FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
Filled Rx with incorrect dosing instructions to take Xanax 1mg tablet twice daily rather than 0.5mg twice daily.	None	\$1,000 fine; CE on error prevention.	None
Filled fraudulent Rx's for doping medications for a cyclist friend who living out of state.	None	R.Ph. license revoked	None
Filled methotrexate Rx for child with incorrect dosing instructions to take 3 tablets by mouth every week rather than 7.5 tablets every week.	Delay in therapy	Your Success Rx	Public letter of admonition.
Technician diverted controlled substance for self-use.	None	Revoked	None
Failure to counsel patient on new prescription resulting in an overdose. Refilling Rx without prescriber authorization. Rx records not maintained in secure, readily retrievable manner.	Hand tremors, slurred speech and delayed therapeutic results.	Voluntary surrender of license.	None
R.Ph. 1 mislabeled pediatric patient's Rx for sulfamethoxazole-TMP suspension with incorrect dosing instructions to take one "tablespoon" by mouth rather than one "teaspoon" by mouth. R.Ph. 2 failed to adequately counsel new prescription.	Diarrhea.	R.Ph. 1 fined \$500.00 and CE on error prevention. R.Ph. 2 fined \$750.00.	\$500.00
Technician filled fraudulent Rx for a controlled substance, carisoprodol, without an Rx or authorization from a practitioner.	N/A	Suspension of PT license. Reinstatement will be considered upon successful completion of Drug Court Program and PRN evaluation.	None.
Technician tested positive for marijuana during random drug screen.	N/A	Revoked.	None

FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
PTT worked six days without a valid license.	N/A	PTT fined \$120.00 PIC: public letter of admonition. Pharmacy to provide documentation that each PIC has read and agreed to comply with the policies and procedures regarding license verification.	None

IV.

Walgreens Pharmacy #07864 routinely fills Patient AG's prescriptions. Medications listed on Patient AG's drug allergy profile in Walgreens' computer system include erythromycin and brand name Zithromax (azithromycin), a derivative from erythromycin.

V.

During the investigation of this matter, the Board Investigator learned that a pharmaceutical technician input the original prescription data into the computer system. During input at 3:50:33 p.m., a Drug Utilization Review (DUR) warning appeared on the screen for Drug/Allergy, Severity Level: Major. A DUR warning prevents the technician from further processing until a pharmacist reviews and overrides the warning. At 3:50:36 p.m., Pharmacist Bawarski overrode the DUR warning. The prescription was filled by a pharmaceutical technician and verified by Pharmacist Bawarski. The pharmacy system-generated consultation message indicates that patient counseling was declined.

VI.

When interviewed by the Board Investigator, Pharmacist Bawarski said he did override the DUR warning three seconds after the appearance of the DUR alert. He admitted that he could not have checked the patient profile, contact the patient, and call the physician within three seconds. He acknowledged that he could have prevented the allergic reaction experienced by Patient AG by following the proper protocol for the severity level of the DUR warning. In his written statement, pharmacist Bawarski indicated that Patient AG had a previous allergy to azithromycin documented in her profile, but he failed to recognize this and consult the patient's parents or the prescriber.

FIRST CAUSE OF ACTION

VII.

In dispensing a prescription to Patient AG for erythromycin where Walgreens #07864's computer system contained documentation and warned of an allergy to erythromycin in her medication profile, and in failing to act upon the DUR allergy warning, Willie Bawarski violated NRS 639.210(4) and/or NAC 639.945(1)(i).

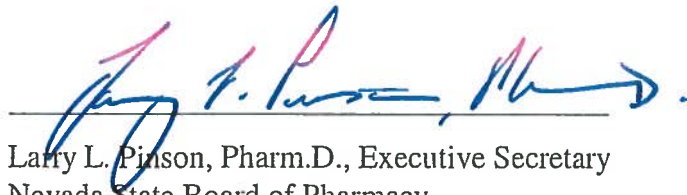
SECOND CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the alleged violations occurred, Walgreens Pharmacy #07864 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 8th day of March, 2013.



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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WILLIE BAWARSKI, RPH

Certificate of Registration No. 17952

Respondent

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CASE NO . 12-062-RPH-S

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.


III.

The Board has reserved Wednesday, April 17, 2013, 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 8th day of March, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-062-RPH-S
Petitioner,)	
v.)	
	)	ANSWER AND
WILLIE BAWARSKI, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 17952)	
Respondent)	
	/	

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

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

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

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

DATED this _____ day of _____, 2013.

Willie Bawarski, R.Ph.

11

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WILLIE BAWARSKI, RPH

Certificate of Registration No. 17952

WALGREENS PHARMACY #07864

Certificate of Registration No. PH01977

Respondents

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CASE NO. 12-062-RPH-S

CASE NO. 12-062-PH-S

NOTICE OF INTENDED ACTION

AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter and these Respondents because Respondent Willie Bawarski is a pharmacist licensed by the Board. Respondent Walgreens Pharmacy #07864, located at 7755 North Durango Drive, Las Vegas, Nevada, is a pharmacy licensed by the Board.

II.

On or about December 29, 2011, ten year old Patient AG was treated by physician assistant, TD (PA). PA prescribed to Patient AG erythromycin 250 mg. tablets with instructions to take one tablet twice daily. The prescription was presented to Walgreens Pharmacy #07864, filled and picked up the same day.

III.

Patient AG took the erythromycin as prescribed for seventeen days. She began to experience a rash over her entire body, which worsened causing severe pain, swelling, loss of hair and fingernails. Patient AG went to the University Medical Center (UMC), where her condition was diagnosed as an allergic reaction to erythromycin. Patient AG was hospitalized for eight days in the UMC Intensive Care Unit and the UMC Burn Unit.

IV.

Walgreens Pharmacy #07864 routinely fills Patient AG's prescriptions. Medications listed on Patient AG's drug allergy profile in Walgreens' computer system include erythromycin and brand name Zithromax (azithromycin), a derivative from erythromycin.

V.

During the investigation of this matter, the Board Investigator learned that a pharmaceutical technician input the original prescription data into the computer system. During input at 3:50:33 p.m., a Drug Utilization Review (DUR) warning appeared on the screen for Drug/Allergy, Severity Level: Major. A DUR warning prevents the technician from further processing until a pharmacist reviews and overrides the warning. At 3:50:36 p.m., Pharmacist Bawarski overrode the DUR warning. The prescription was filled by a pharmaceutical technician and verified by Pharmacist Bawarski. The pharmacy system-generated consultation message indicates that patient counseling was declined.

VI.

When interviewed by the Board Investigator, Pharmacist Bawarski said he did override the DUR warning three seconds after the appearance of the DUR alert. He admitted that he could not have checked the patient profile, contact the patient, and call the physician within three seconds. He acknowledged that he could have prevented the allergic reaction experienced by Patient AG by following the proper protocol for the severity level of the DUR warning. In his written statement, pharmacist Bawarski indicated that Patient AG had a previous allergy to azithromycin documented in her profile, but he failed to recognize this and consult the patient's parents or the prescriber.

FIRST CAUSE OF ACTION

VII.

In dispensing a prescription to Patient AG for erythromycin where Walgreens #07864's computer system contained documentation and warned of an allergy to erythromycin in her medication profile, and in failing to act upon the DUR allergy warning, Willie Bawarski violated NRS 639.210(4) and/or NAC 639.945(1)(i).


SECOND CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the alleged violations occurred, Walgreens Pharmacy #07864 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 8th day of March, 2013.



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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #07864

Certificate of Registration No. PH01977

Respondent

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CASE NO. 12-062-PH-S

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.


III.

The Board has reserved Wednesday, April 17, 2013, 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 8th day of March, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-062-PH-S
Petitioner,)	
v.)	
	)	ANSWER AND
WALGREENS PHARMACY #07864	)	NOTICE OF DEFENSE
Certificate of Registration No. PH01977)	
)	
Respondent	/	

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

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

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

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

DATED this _____ day of _____, 2013.

Type or print name

Authorized Representative For
Walgreens Pharmacy #07864

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

RUSSELL E. SMITH, RPH

Certificate of Registration No. 16233

WALGREENS #04788

Certificate of Registration No. PH01306

Respondents

CASE NOS. 13-001-RPH-N
13-001-PH-N

NOTICE OF INTENDED ACTION
AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy 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 (Board) has jurisdiction over this matter and these Respondents because Respondent Russell E. Smith is a pharmacist licensed by the Board. Respondent Walgreens #04788 is a pharmacy licensed by the Board, located at 1465 East Williams Street, Carson City, Nevada.

II.

On or about September 4, 2012, Patient BT was seen by Pamela Hassler, Physician's Assistant-Certified (PAC), and prescribed methadone 5 mg. tablets, to take one tablet by mouth every eight hours as needed. The prescription had a "Do Not Fill Until" date of October 2, 2012. On September 6, 2012, Patient BT presented the prescription to Walgreens #04788, at which time it was date-stamped and placed on hold. On October 2, 2012, Patient BT returned to the pharmacy and had the prescription filled.

III.

During a routine follow-up with PAC Hassler on October 31, 2012, Patient BT reported that the strength of the methadone dispensed to him was 10 mg. tablets, not

the 5 mg. strength prescribed. On or about October 29, 2012, he discarded the bottle after taking the last dose. Patient BT ingested ninety of the methadone 10 mg. tablets before the error was discovered. No ill effects were claimed or reported. PAC Hassler generated Patient BT's profile from the Prescription Monitoring Program (PMP) and verified that Walgreens had dispensed methadone 10 mg. tablets and not the 5 mg. strength which was prescribed.

IV.

During the investigation of this matter, the Board's Investigator learned that a pharmaceutical technician entered the original prescription into the pharmacy computer system. When entering the prescription data, the pharmaceutical technician selected methadone 10 mg., instead of methadone 5 mg. tablets as prescribed. The data was entered and sent to the pharmacist for Product Data Review. During Product Data Review, pharmacist Russell Smith failed to note the error in the strength. Pharmacist Smith filled, labeled, and verified the prescription and staged it for customer pick up. Pharmacist Smith failed to note the error in strength throughout the production sequence of the prescription, and he did not identify the error during patient counseling. In his written statement, Pharmacist Smith indicated that in reviewing the prescription, the image on the pharmacy computer screen was difficult to read and he verified the medication as methadone 10 mg.

V.

At its regularly scheduled Board meeting on June 4, 2008, in Reno, Nevada, the Board heard another matter (Case No. 08-017A-RPH-N) which involved Mr. Smith. Mr. Smith did not contest that he was responsible for verifying a prescription for Ortho-Cyclen that was filled with Ortho-Tri-Cyclen. The patient ingested the wrong medication for twenty-eight days. The error was discovered when the prescription was refilled.

VI.

At its regularly scheduled Board meeting on September 14, 2011, in Reno, Nevada, the Board heard another matter (Case No. 11-060-RPH-N) which involved Mr. Smith. Mr. Smith did not contest that he was responsible for not requiring positive identification from the person picking up a controlled substance prescription which resulted in the releasing of that medication to the wrong person. Walgreens' computer

system showed that the person who was dispensed the medication was counseled, but counseling did not transpire as Mr. Smith had overridden the computer system to allow the purchase. Mr. Smith was placed on probation for two years effective September 14, 2011.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing Patient BT's prescription for methadone 5 mg. tablets with methadone 10 mg. tablets, Respondent Smith violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VIII.

In being repeatedly negligent in Case 08-017A-RPH-N and in Case 11-060-RPH-N, Mr. Smith violated NRS 639.210(4) and/or (12) and/or (16) and/or NAC 639.945(1)(i) and/or (l).


THIRD CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which Mr. Smith committed the above violations, Walgreens #04788 violated NRS 639.210(4) and/or (12) and/or (16) and NAC 639.945(1)(i) and (2).

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

Signed this 24th day of February, 2013.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

RUSSELL E. SMITH, RPH

Certificate of Registration No. 16233

Respondent

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CASE NO . 13-001-RPH-N

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.


III.

The Board has reserved Wednesday, June 12, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 E. 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 21st day of February, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-001-RPH-N
Petitioner,)	
v.)	
	)	ANSWER AND
RUSSELL E. SMITH, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 16233)	
)	
Respondent	/	

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

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

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

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

DATED this _____ day of _____, 2013.

Russell E. Smith, R.Ph

the 5 mg. strength prescribed. On or about October 29, 2012, he discarded the bottle after taking the last dose. Patient BT ingested ninety of the methadone 10 mg. tablets before the error was discovered. No ill effects were claimed or reported. PAC Hassler generated Patient BT's profile from the Prescription Monitoring Program (PMP) and verified that Walgreens had dispensed methadone 10 mg. tablets and not the 5 mg. strength which was prescribed.

IV.

During the investigation of this matter, the Board's Investigator learned that a pharmaceutical technician entered the original prescription into the pharmacy computer system. When entering the prescription data, the pharmaceutical technician selected methadone 10 mg., instead of methadone 5 mg. tablets as prescribed. The data was entered and sent to the pharmacist for Product Data Review. During Product Data Review, pharmacist Russell Smith failed to note the error in the strength. Pharmacist Smith filled, labeled, and verified the prescription and staged it for customer pick up. Pharmacist Smith failed to note the error in strength throughout the production sequence of the prescription, and he did not identify the error during patient counseling. In his written statement, Pharmacist Smith indicated that in reviewing the prescription, the image on the pharmacy computer screen was difficult to read and he verified the medication as methadone 10 mg.

V.

At its regularly scheduled Board meeting on June 4, 2008, in Reno, Nevada, the Board heard another matter (Case No. 08-017A-RPH-N) which involved Mr. Smith. Mr. Smith did not contest that he was responsible for verifying a prescription for Ortho-Cyclen that was filled with Ortho-Tri-Cyclen. The patient ingested the wrong medication for twenty-eight days. The error was discovered when the prescription was refilled.

VI.

At its regularly scheduled Board meeting on September 14, 2011, in Reno, Nevada, the Board heard another matter (Case No. 11-060-RPH-N) which involved Mr. Smith. Mr. Smith did not contest that he was responsible for not requiring positive identification from the person picking up a controlled substance prescription which resulted in the releasing of that medication to the wrong person. Walgreens' computer

system showed that the person who was dispensed the medication was counseled, but counseling did not transpire as Mr. Smith had overridden the computer system to allow the purchase. Mr. Smith was placed on probation for two years effective September 14, 2011.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing Patient BT's prescription for methadone 5 mg. tablets with methadone 10 mg. tablets, Respondent Smith violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VIII.

In being repeatedly negligent in Case 08-017A-RPH-N and in Case 11-060-RPH-N, Mr. Smith violated NRS 639.210(4) and/or (12) and/or (16) and/or NAC 639.945(1)(i) and/or (l).


THIRD CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which Mr. Smith committed the above violations, Walgreens #04788 violated NRS 639.210(4) and/or (12) and/or (16) and NAC 639.945(1)(i) and (2).

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

Signed this 21st day of February, 2013.


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

NOTICE TO RESPONDENT

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

III.

The Board has reserved Wednesday, June 12, 2013, as the date for a hearing on this matter, at the Hyatt Place, 1790 E. 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 21st day of February, 2013.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-001-PH-N
v.)	
	)	ANSWER AND
WALGREENS #04788	)	NOTICE OF DEFENSE
Certificate of Registration No. PH01306)	
)	
Respondent	/	

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

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

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

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

DATED this _____ day of _____, 2013.

Type or print name

For Walgreens #04788

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-054-RPH-S
Petitioner,)	
v.)	
)	
KRISTINE MATTSON, RPH)	
Certificate of Registration No. 16812	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
Respondent)	
	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because Respondent Kristine Mattson is a registered pharmacist with the Board.

II.

On or about July 18, 2012, the Labor and Delivery Department at Valley Hospital phoned in a prescription to CVS Pharmacy #6867 for Rochelle Martinez. The prescription was for Keflex 500 mg. capsules, with dosing instructions to take one capsule every six hours for seven days. Ms. Martinez was visiting from out of state, and approximately twenty-five weeks pregnant at that time. Ms. Martinez's caregiver picked up the prescription from CVS #6867 later that morning and was counseled very briefly by Pharmacist Mattson.

III.

Upon receipt of the medication from her caregiver, Ms. Martinez noted that the name of the medication printed on the prescription label read lisinopril, which did not correspond with the medication indicated on her discharge form, namely Keflex.

IV.

The caregiver telephoned CVS #6867 and Pharmacist Mattson confirmed that lisinopril is the generic version of Keflex. Ms. Martinez ingested the first dose of lisinopril at approximately 8:40 a.m., followed by a second dose at 2:20 p.m.

V.

At approximately 6:02 p.m., the caregiver called CVS #6867 again to validate that lisinopril is the generic version of Keflex, and can be taken safely during pregnancy. She spoke with Pharmacist Amanda Mackoy-Spiridonov, who explained that lisinopril is not the generic for Keflex. Cephalexin is the generic form of Keflex.

VI.

Pharmacist Mackoy-Spiridonov reviewed Ms. Martinez's profile and found that Ms. Martinez's unsold prescription for generic Keflex, cephalexin, was in the pharmacy's waiting bin. She asked the caregiver to bring in the prescription in order for her to visually examine the medication. Upon receipt of the medication, Pharmacist Mackoy-Spiridonov verified that lisinopril had been dispensed to Ms. Martinez. Pharmacist Mackoy-Spiridonov contacted the prescribing physician and referred Ms. Martinez to the emergency room for evaluation.

VII.

On or about November 9, 2012, during a telephone interview with the Board Investigator, Ms. Martinez indicated that there was no harm to her unborn child as a result of the lisinopril ingestion.

VIII.

During the investigation of this matter, the Board Investigator learned that Pharmacist Mattson had accurately filled and verified the prescription for Keflex 500 mg. with the generic form, cephalexin, and placed the bag in the waiting bin. When Ms. Martinez's caregiver picked up the prescription, Pharmacist Mattson retrieved the wrong prescription bag from the waiting bin. The medication sold to the caregiver was for a different patient and contained a prescription

for lisinopril. Pharmacist Mattson counseled the caregiver for cephalexin, then concluded the sales transaction at the cash register. During counseling, she did not confirm the patient's name, address or date of birth to match the information on the prescription label, nor did she verify the contents of the medication vial with the prescription.

IX.

In her written statement, Pharmacist Mattson noted that subsequent to dispensing the cephalexin, she received a call inquiring if lisinopril was the generic for Keflex. She alleges that she answered no, but did not question the caller any further.

FIRST CAUSE OF ACTION

X.

By incorrectly dispensing another patient's medication to Ms. Martinez, Kristine Mattson violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(i) .


SECOND CAUSE OF ACTION

XI.

In failing to provide adequate counseling for Ms. Martinez's new prescription, Kristine Mattson violated NRS 639.210(4) and/or (12) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or 639.945(1)(i).

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

Signed this 19th day of March, 2013.



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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

KRISTINE MATTSON, RPH

Certificate of Registration No. 16812

Respondent

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CASE NO . 12-054-RPH-S

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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

I.

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

III.

The Board has reserved Wednesday, April 17, 2013, as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 19th day of March, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-054-RPH-S
Petitioner,)	
v.)	
	)	ANSWER AND
KRISTINE MATTSON, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 16812)	
)	
Respondent	/	

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

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

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

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

DATED this _____ day of _____, 2013.

Kristine Mattson, R.Ph.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	Case No. 11-110-A-RPH-S
Petitioner,	)	Case No. 11-110-B-RPH-S
v.	)	Case No. 11-110-PH-S
)	
SALLY-ANNE WAIHENYA, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No.: 17648	)	AND ACCUSATION
)	
GUS EDWARD DAVID, RPH)	
Certificate of Registration No.: 18005)	
)	
CVS PHARMACY #8821)	
Certificate of Registration No.: PH01095)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, hereby 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 (Board) has jurisdiction over this matter because Respondents Sally-Anne Waihenya, RPH, and Gus Edward David, RPH are pharmacists registered with the Board, and CVS Pharmacy #8821 is a pharmacy registered with the Board.

II.

On or about November 7, 2011, Southwest Medical Associates' Urgent Care saw patient Rochelle Hauburger, and prescribed to her brand name phenazopyridine 200 mg. tablets and generic nitrofurantoin macrocrystal 100 mg. capsules. Ms. Hauburger ingested one dose from each prescription vial that evening, and a second dose at 6:00 a.m. the next morning. While at work, she realized that the two medications looked different, but both prescriptions contained the same medication (nitrofurantoin). Ms. Hauburger returned to CVS Pharmacy later that evening and explained that she thought she was given two similar medications. The pharmacist on duty reviewed Ms. Hauburger's patient profile and discovered the error. The pharmacy correctly dispensed the nitrofurantoin macrocrystal 100 mg capsules, but dispensed the other medication

vial Ms. Hauburger presented, also nitrofurantoin, in error. The pharmacy further erred by failing to dispense the prescribed phenazopyridine to Ms. Hauburger. The pharmacist took the nitrofurantoin from Ms. Hauburger and replaced it with the phenazopyridine 200 mg. tablets.

III.

During the investigation of this matter, the Board Investigator learned that a pharmaceutical technician performed the initial data entry on November 7, 2011. The verifying pharmacist, respondent Sally-Anne Waihenya, explained in her written statement that she verified prescription 704724 for phenazopyridine 200 mg. tablets as accurate and set it aside. During verification of prescription 704723, Waihenya realized that the data entry technician had mistakenly chosen nitrofurantoin dosed at four times per day instead of the intended nitrofurantoin macrocrystal dosed at twice per day. Ms. Waihenya did not follow the pharmacy's workflow procedure and edited the prescription herself, instead of sending it back through production. The correct medication was filled by the drop off technician and verified by Ms. Waihenya. When Ms. Waihenya bagged the medications, she picked up the nitrofurantoin macrocrystal prescription and the prescription filled in error, nitrofurantoin, instead of the phenazopyridine 200 mg. tablets. There is no documentation on the Patient Counseling Signature Log indicating that patient counseling was given for these two prescriptions.

IV.

On August 29, 2012, the Board Investigator met with the pharmacy manager at CVS Pharmacy #8821 to request pharmacy records including the Patient Counseling Signature Logs for that day's business, and the logs from November 5, 2011 through November 9, 2011. Several new prescriptions on the log dated August 29, 2012, did not have documentation of patient counseling. The Investigator informed the pharmacy manager that failure to document patient counseling is a violation of Nevada pharmacy law, and that the pharmacy must immediately come into compliance. On September 6, 2012, the Investigator met with the pharmacy manager to obtain the requested records and also review the counseling log for that

day's business. That log shows that numerous additional new prescriptions did not have documentation of patient counseling. A review of the counseling logs dated November 5, 2011 through November 9, 2011, indicated numerous new prescriptions did not have documentation of patient counseling. Respondents Waihenya and David each failed to document patient counseling on numerous occasions on the dates at issue here.

V.

FIRST CAUSE OF ACTION

In dispensing the prescription filled in error, nitrofurantoin, instead of the phenazopyridine 200 mg. tablets, Sally-Anne Waihenya violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

VI.

SECOND CAUSE OF ACTION

In failing to have documentation of counseling on the Patient Counseling Signature Logs, both Sally-Anne Waihenya and CVS Pharmacy #8821 violated NRS 639.210(4) and/or 639.266(1) and/or NAC 639.707(6) and/or 639.945(1)(i).

VII.

THIRD CAUSE OF ACTION

In failing to have documentation of counseling on the Patient Counseling Signature Logs, both Gus Edward David and CVS Pharmacy #8821 violated NRS 639.210(4) and/or 639.266(1) and/or NAC 639.707(6) and/or 639.945(1)(i).

VIII.

FOURTH CAUSE OF ACTION

In owning and operating a pharmacy in which the alleged violations occurred, CVS Pharmacy #8821 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 8th day of March, 2013.



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

NOTICE TO RESPONDENTS

Each of you has 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,	)	Case No. 11-110-A-RPH-S
Petitioner,)	
v.	)	STATEMENT TO THE
	)	RESPONDENT
SALLY-ANNE WAIHENYA, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No.: 17648,	)	AND ACCUSATION
Respondent.	)	RIGHT TO HEARING
	/	

TO THE RESPONDENT NAMED ABOVE, PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.


III.

The Board has reserved Wednesday, April 17, 2013, 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 8th day of March, 2013.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	Case No. 11-110-A-RPH-S
Petitioner,)	
v.	)	ANSWER AND NOTICE OF
	)	DEFENSE
SALLY-ANNE WAIHENYA, RPH)	
Certificate of Registration No.: 17648,)	
Respondent.)	
	/	

The above-named Respondent, 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 her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, 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, she 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 _____, 2013.

SALLY-ANNE WAIHENYA, R.Ph.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	Case No. 11-110-A-RPH-S
Petitioner,	)	Case No. 11-110-B-RPH-S
v.	)	Case No. 11-110-PH-S
)	
SALLY-ANNE WAIHENYA, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No.: 17648	)	AND ACCUSATION
)	
GUS EDWARD DAVID, RPH)	
Certificate of Registration No.: 18005)	
)	
CVS PHARMACY #8821)	
Certificate of Registration No.: PH01095)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, hereby 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 (Board) has jurisdiction over this matter because Respondents Sally-Anne Waihenya, RPH, and Gus Edward David, RPH are pharmacists registered with the Board, and CVS Pharmacy #8821 is a pharmacy registered with the Board.

II.

On or about November 7, 2011, Southwest Medical Associates' Urgent Care saw patient Rochelle Hauburger, and prescribed to her brand name phenazopyridine 200 mg. tablets and generic nitrofurantoin macrocrystal 100 mg. capsules. Ms. Hauburger ingested one dose from each prescription vial that evening, and a second dose at 6:00 a.m. the next morning. While at work, she realized that the two medications looked different, but both prescriptions contained the same medication (nitrofurantoin). Ms. Hauburger returned to CVS Pharmacy later that evening and explained that she thought she was given two similar medications. The pharmacist on duty reviewed Ms. Hauburger's patient profile and discovered the error. The pharmacy correctly dispensed the nitrofurantoin macrocrystal 100 mg capsules, but dispensed the other medication

vial Ms. Hauburger presented, also nitrofurantoin, in error. The pharmacy further erred by failing to dispense the prescribed phenazopyridine to Ms. Hauburger. The pharmacist took the nitrofurantoin from Ms. Hauburger and replaced it with the phenazopyridine 200 mg. tablets.

III.

During the investigation of this matter, the Board Investigator learned that a pharmaceutical technician performed the initial data entry on November 7, 2011. The verifying pharmacist, respondent Sally-Anne Waihenya, explained in her written statement that she verified prescription 704724 for phenazopyridine 200 mg. tablets as accurate and set it aside. During verification of prescription 704723, Waihenya realized that the data entry technician had mistakenly chosen nitrofurantoin dosed at four times per day instead of the intended nitrofurantoin macrocrystal dosed at twice per day. Ms. Waihenya did not follow the pharmacy's workflow procedure and edited the prescription herself, instead of sending it back through production. The correct medication was filled by the drop off technician and verified by Ms. Waihenya. When Ms. Waihenya bagged the medications, she picked up the nitrofurantoin macrocrystal prescription and the prescription filled in error, nitrofurantoin, instead of the phenazopyridine 200 mg. tablets. There is no documentation on the Patient Counseling Signature Log indicating that patient counseling was given for these two prescriptions.

IV.

On August 29, 2012, the Board Investigator met with the pharmacy manager at CVS Pharmacy #8821 to request pharmacy records including the Patient Counseling Signature Logs for that day's business, and the logs from November 5, 2011 through November 9, 2011. Several new prescriptions on the log dated August 29, 2012, did not have documentation of patient counseling. The Investigator informed the pharmacy manager that failure to document patient counseling is a violation of Nevada pharmacy law, and that the pharmacy must immediately come into compliance. On September 6, 2012, the Investigator met with the pharmacy manager to obtain the requested records and also review the counseling log for that

day's business. That log shows that numerous additional new prescriptions did not have documentation of patient counseling. A review of the counseling logs dated November 5, 2011 through November 9, 2011, indicated numerous new prescriptions did not have documentation of patient counseling. Respondents Waihenya and David each failed to document patient counseling on numerous occasions on the dates at issue here.

V.

FIRST CAUSE OF ACTION

In dispensing the prescription filled in error, nitrofurantoin, instead of the phenazopyridine 200 mg. tablets, Sally-Anne Waihenya violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

VI.

SECOND CAUSE OF ACTION

In failing to have documentation of counseling on the Patient Counseling Signature Logs, both Sally-Anne Waihenya and CVS Pharmacy #8821 violated NRS 639.210(4) and/or 639.266(1) and/or NAC 639.707(6) and/or 639.945(1)(i).

VII.

THIRD CAUSE OF ACTION

In failing to have documentation of counseling on the Patient Counseling Signature Logs, both Gus Edward David and CVS Pharmacy #8821 violated NRS 639.210(4) and/or 639.266(1) and/or NAC 639.707(6) and/or 639.945(1)(i).

VIII.

FOURTH CAUSE OF ACTION

In owning and operating a pharmacy in which the alleged violations occurred, CVS Pharmacy #8821 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 8th day of March, 2013.


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

NOTICE TO RESPONDENTS

Each of you has 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,	)	Case No. 11-110-B-RPH-S
v.)	
	)	STATEMENT TO THE
	)	RESPONDENT
GUS EDWARD DAVID, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No.: 18005,	)	AND ACCUSATION
Respondent.	)	RIGHT TO HEARING
	/	

TO THE RESPONDENT NAMED ABOVE, PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.


III.

The Board has reserved Wednesday, April 17, 2013, 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 8th day of March, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	Case No. 11-110-B-RPH-S
Petitioner,)	
v.	)	ANSWER AND NOTICE OF
	)	DEFENSE
GUS EDWARD DAVID, RPH)	
Certificate of Registration No.: 18005)	
Respondent.)	
	/	

Above-named Respondent, 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 her, 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 _____, 2013.

GUS EDWARD DAVID, R.Ph.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	Case No. 11-110-A-RPH-S
Petitioner,	)	Case No. 11-110-B-RPH-S
v.	)	Case No. 11-110-PH-S
)	
SALLY-ANNE WAIHENYA, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No.: 17648	)	AND ACCUSATION
)	
GUS EDWARD DAVID, RPH)	
Certificate of Registration No.: 18005)	
)	
CVS PHARMACY #8821)	
Certificate of Registration No.: PH01095)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, hereby 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 (Board) has jurisdiction over this matter because Respondents Sally-Anne Waihenya, RPH, and Gus Edward David, RPH are pharmacists registered with the Board, and CVS Pharmacy #8821 is a pharmacy registered with the Board.

II.

On or about November 7, 2011, Southwest Medical Associates' Urgent Care saw patient Rochelle Hauburger, and prescribed to her brand name phenazopyridine 200 mg. tablets and generic nitrofurantoin macrocrystal 100 mg. capsules. Ms. Hauburger ingested one dose from each prescription vial that evening, and a second dose at 6:00 a.m. the next morning. While at work, she realized that the two medications looked different, but both prescriptions contained the same medication (nitrofurantoin). Ms. Hauburger returned to CVS Pharmacy later that evening and explained that she thought she was given two similar medications. The pharmacist on duty reviewed Ms. Hauburger's patient profile and discovered the error. The pharmacy correctly dispensed the nitrofurantoin macrocrystal 100 mg capsules, but dispensed the other medication

vial Ms. Hauburger presented, also nitrofurantoin, in error. The pharmacy further erred by failing to dispense the prescribed phenazopyridine to Ms. Hauburger. The pharmacist took the nitrofurantoin from Ms. Hauburger and replaced it with the phenazopyridine 200 mg. tablets.

III.

During the investigation of this matter, the Board Investigator learned that a pharmaceutical technician performed the initial data entry on November 7, 2011. The verifying pharmacist, respondent Sally-Anne Waihenya, explained in her written statement that she verified prescription 704724 for phenazopyridine 200 mg. tablets as accurate and set it aside. During verification of prescription 704723, Waihenya realized that the data entry technician had mistakenly chosen nitrofurantoin dosed at four times per day instead of the intended nitrofurantoin macrocrystal dosed at twice per day. Ms. Waihenya did not follow the pharmacy's workflow procedure and edited the prescription herself, instead of sending it back through production. The correct medication was filled by the drop off technician and verified by Ms. Waihenya. When Ms. Waihenya bagged the medications, she picked up the nitrofurantoin macrocrystal prescription and the prescription filled in error, nitrofurantoin, instead of the phenazopyridine 200 mg. tablets. There is no documentation on the Patient Counseling Signature Log indicating that patient counseling was given for these two prescriptions.

IV.

On August 29, 2012, the Board Investigator met with the pharmacy manager at CVS Pharmacy #8821 to request pharmacy records including the Patient Counseling Signature Logs for that day's business, and the logs from November 5, 2011 through November 9, 2011. Several new prescriptions on the log dated August 29, 2012, did not have documentation of patient counseling. The Investigator informed the pharmacy manager that failure to document patient counseling is a violation of Nevada pharmacy law, and that the pharmacy must immediately come into compliance. On September 6, 2012, the Investigator met with the pharmacy manager to obtain the requested records and also review the counseling log for that

day's business. That log shows that numerous additional new prescriptions did not have documentation of patient counseling. A review of the counseling logs dated November 5, 2011 through November 9, 2011, indicated numerous new prescriptions did not have documentation of patient counseling. Respondents Waihenya and David each failed to document patient counseling on numerous occasions on the dates at issue here.

V.

FIRST CAUSE OF ACTION

In dispensing the prescription filled in error, nitrofurantoin, instead of the phenazopyridine 200 mg. tablets, Sally-Anne Waihenya violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

VI.

SECOND CAUSE OF ACTION

In failing to have documentation of counseling on the Patient Counseling Signature Logs, both Sally-Anne Waihenya and CVS Pharmacy #8821 violated NRS 639.210(4) and/or 639.266(1) and/or NAC 639.707(6) and/or 639.945(1)(i).

VII.

THIRD CAUSE OF ACTION

In failing to have documentation of counseling on the Patient Counseling Signature Logs, both Gus Edward David and CVS Pharmacy #8821 violated NRS 639.210(4) and/or 639.266(1) and/or NAC 639.707(6) and/or 639.945(1)(i).

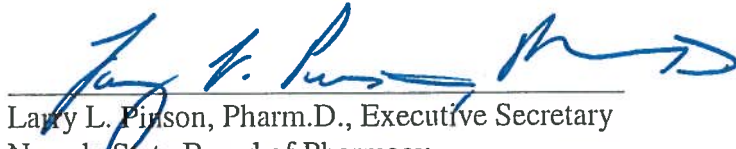
VIII.

FOURTH CAUSE OF ACTION

In owning and operating a pharmacy in which the alleged violations occurred, CVS Pharmacy #8821 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 8th day of March, 2013.



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

NOTICE TO RESPONDENTS

Each of you has 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,	)	Case No. 11-110-PH-S
Petitioner,)	
v.	)	STATEMENT TO THE
	)	RESPONDENT
CVS PHARMACY #8821	)	NOTICE OF INTENDED ACTION
Certificate of Registration No.: PH01095,	)	AND ACCUSATION
Respondent.	)	RIGHT TO HEARING
	/	

TO THE RESPONDENT NAMED ABOVE, PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, April 17, 2013, 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 8th day of March, 2013.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	Case No. 11-110-PH-S
Petitioner,)	
v.	)	ANSWER AND NOTICE OF
	)	DEFENSE
CVS PHARMACY #8821)	
Certificate of Registration No.: PH01095,)	
Respondent.)	
	/	

The above-named Respondent, 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 her, 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 _____, 2013.

AUTHORIZED REPRESENTATIVE FOR
CVS PHARMACY #8821

Ms. Ayers acknowledged taking 3-4 tablets, and claimed to be tired and sleeping more. Pharmacist CP requested that she return the erred medication, and told her the correct prescription would be ready for her to pick up.

IV.

During the investigation of this matter, the Board Investigator learned that a pharmaceutical technician input the original prescription data into the pharmacy computer system. When entering the data, the pharmaceutical technician mistyped the prescribed strength written for Xanax 0.5 mg tablets, as 2 mg. tablets. The pharmaceutical technician filled the prescription with Xanax 2 mg. tablets. Pharmacist Emma Sicam was the verifying pharmacist, but failed to recognize the misfill. In her written statement, Pharmacist Sicam indicated that when verifying Ms. Ayres' prescription, she was on the phone with a patient, and her concentration was not 100% on the verification process. In addition to the misfilled Xanax prescription, Ms. Ayres picked up three other new prescriptions on the same day. Pharmacist Sicam did not counsel Ms. Ayres on any of the four prescriptions, although she initialed the counseling log indicating that counseling was provided. Pharmacist Sicam admitted that "it was an honest mistake to falsify the counsel part of signature log by initialing it when actually I did not counsel the patient."

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Ms. Ayres' physician by verifying and dispensing her prescription written for Xanax 0.5 mg. tablets with Xanax 2 mg. tablets, Emma Sicam violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VI.

In failing to provide counseling, and in falsifying the pharmacy's counseling log to indicate that patient counseling was provided, when counseling had not been attempted or initiated with Ms. Ayres , Emma Sicam violated NRS 639.210(4) and/or (12) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or (6) and/or 639.945(1)(h) and/or (i).


THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which the foregoing alleged violations occurred, CVS Pharmacy #8812 violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(h) and/or (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 19th day of March, 2013.



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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CVS PHARMACY #8812

Certificate of Registration No. PH01306

Respondent

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CASE NO. 12-018-PH-S

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, April 17, 2013, as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 19th day of March, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-018-PH-S
Petitioner,)	
v.)	
	)	ANSWER AND
CVS PHARMACY #8812	)	NOTICE OF DEFENSE
Certificate of Registration No. PH01306)	
)	
Respondent	/	

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

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

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

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

DATED this _____ day of _____, 2013.

Type or print name

Authorized Representative For
CVS Pharmacy #8812

Ms. Ayers acknowledged taking 3-4 tablets, and claimed to be tired and sleeping more. Pharmacist CP requested that she return the erred medication, and told her the correct prescription would be ready for her to pick up.

IV.

During the investigation of this matter, the Board Investigator learned that a pharmaceutical technician input the original prescription data into the pharmacy computer system. When entering the data, the pharmaceutical technician mistyped the prescribed strength written for Xanax 0.5 mg tablets, as 2 mg. tablets. The pharmaceutical technician filled the prescription with Xanax 2 mg. tablets. Pharmacist Emma Sicam was the verifying pharmacist, but failed to recognize the misfill. In her written statement, Pharmacist Sicam indicated that when verifying Ms. Ayres' prescription, she was on the phone with a patient, and her concentration was not 100% on the verification process. In addition to the misfilled Xanax prescription, Ms. Ayres picked up three other new prescriptions on the same day. Pharmacist Sicam did not counsel Ms. Ayres on any of the four prescriptions, although she initialed the counseling log indicating that counseling was provided. Pharmacist Sicam admitted that "it was an honest mistake to falsify the counsel part of signature log by initialing it when actually I did not counsel the patient."

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Ms. Ayres' physician by verifying and dispensing her prescription written for Xanax 0.5 mg. tablets with Xanax 2 mg. tablets, Emma Sicam violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VI.

In failing to provide counseling, and in falsifying the pharmacy's counseling log to indicate that patient counseling was provided, when counseling had not been attempted or initiated with Ms. Ayres, Emma Sicam violated NRS 639.210(4) and/or (12) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or (6) and/or 639.945(1)(h) and/or (i).


THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which the foregoing alleged violations occurred, CVS Pharmacy #8812 violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(h) and/or (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 19th day of March, 2013.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

EMMA SICAM, RPH

Certificate of Registration No. 16680

Respondent

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CASE NO . 12-018-RPH-S

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

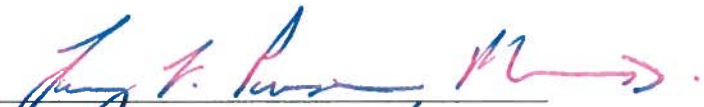
III.

The Board has reserved Wednesday, April 17, 2013, as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 19th day of March, 2013.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-018-RPH-S
Petitioner,)	
v.)	
	)	ANSWER AND
EMMA SICAM, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 16680)	
)	
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").


*I have no objection on the
alleged accusations as stated by
the Board of Pharmacy.*

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

I admit that the accusations made by the Nevada Board of Pharmacy against me are true.

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 March, 2013.



Emma Sicam, R.Ph

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
)	
Petitioner,	)	CASE NOS. 13-006-RPH-S
	)	13-006-PH-S
v.)	
)	
MINHQUANG NGUYEN, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 15913	)	AND ACCUSATION
)	
KMART PHARMACY #3719)	
Certificate of Registration No. PH00792)	
)	
Respondents	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because Respondent Nguyen is a registered pharmacist with the Board. Respondent Kmart #3719 is a registered pharmacy with the Board located at 4500 N. Rancho Drive, Las Vegas, Nevada.

II.

On or about January 14, 2013, during an inspection of Kmart Pharmacy #3719, the Board Inspector learned that pharmacy employee SF was employed as a pharmaceutical technician in training. The pharmacy did not have a technician in training license posted in the pharmacy for SF. Managing pharmacist, MinhQuang Nguyen, could not produce the license for SF, but provided a copy of a pharmaceutical technician in training application. SF and Mr. Nguyen allegedly completed and signed the application on June 18, 2012. The Inspector confirmed with the Board's licensing specialist that SF's technician in training application was not on file with the Board and

SF was not registered as a technician in training. In his written statement, Mr. Nguyen indicated that he failed to follow-up on the application for SF. SF worked ninety-three days without a valid license.

FIRST CAUSE OF ACTION

III.

As the managing pharmacist for the pharmacy in which SF worked without a license, and in failing to verify that SF had validly registered as a pharmaceutical technician in training, MinhQuang Nguyen violated NRS 639.210(4) and/or (15) and/or NAC 639.945(1)(i) and/or (k).

SECOND CAUSE OF ACTION

IV.

In owning and operating the pharmacy in which SF worked without a license, and in failing to verify that SF had validly registered as a pharmaceutical technician in training, Kmart #3719 violated NRS 639.210(4) and/or NAC 639.260 and 639.945(1)(i) and/or (k) and/or (2).

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

Signed this 21st day of February, 2013.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO . 13-006-RPH-S
v.)	
	)	STATEMENT TO THE RESPONDENT
MINHQUANG NGUYEN, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 15913	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent	/	

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

I.

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

II.

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

III.

The Board has reserved Wednesday, April 17, 2013, 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 21st day of February, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-006-RPH-S
v.)	
Petitioner,)	
	)	ANSWER AND
MINHQUANG NGUYEN, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 15913)	
)	
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:

FIRST CAUSE OF ACTION.

Deny

NAC 639.945 (1)(E); The technician was performing duties without proper Licensure, the PIC was properly licensed with the state,

Accept

NRS 639.210(4)

NRS 639.210(5)

NAC 639.945 (7)(i)

Second cause of Action:

Deny

NAC 639.945(7)(E); The technician was performing duties without proper Licensure, the store was properly licensed with the state,

Accept

NRS 639.210(4)

NAC 639.260

NAC 639.945 (7)(i)

NAC 639.945 (2)

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

DATED this 25th day of February, 2013.


Minh Quang Nguyen, R.Ph.

I, sara fischer, mailed in the completed application along with a \$40 money order to the State of Nevada Pharmacy board. I informed wayne nguyen of this on the 19th of June 2012. I mailed it in on the 18th of June 2012.

Sara Fischer

WITNESSED BY:

BETH NASH

B. Nash 1/25/2013

STORE MANAGER KMART 3719

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

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

Complete Name (no abbreviations):

First: Sara Middle: Anne Last: Fischer

Home Address: _____ Apt #: _____

City: _____ State: NV Zip Code: _____

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____ Sex: ☐ M or ☒ F

E-mail Address: _____

I am requesting registration at the following pharmacy:

Pharmacy: Kmart Store #: 3719Address: 4500 N Rancho BlvdCity: Las Vegas State: NV Zip Code: 89130Signature of Managing Pharmacist: [Signature] Lic #: 15913 Date: 06/18/12

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

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

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

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

Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

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

Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒

If you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☒

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

Sara Fischer Original Signature, no copies or stamps accepted Date: June 18, 2012

Board Use Only Received: _____ Amount: _____ Entity #: _____

17

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
)	
Petitioner,	)	CASE NOS. 13-006-RPH-S
	)	13-006-PH-S
v.)	
)	
MINHQUANG NGUYEN, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 15913	)	AND ACCUSATION
)	
KMART PHARMACY #3719)	
Certificate of Registration No. PH00792)	
)	
Respondents	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because Respondent Nguyen is a registered pharmacist with the Board. Respondent Kmart #3719 is a registered pharmacy with the Board located at 4500 N. Rancho Drive, Las Vegas, Nevada.

II.

On or about January 14, 2013, during an inspection of Kmart Pharmacy #3719, the Board Inspector learned that pharmacy employee SF was employed as a pharmaceutical technician in training. The pharmacy did not have a technician in training license posted in the pharmacy for SF. Managing pharmacist, MinhQuang Nguyen, could not produce the license for SF, but provided a copy of a pharmaceutical technician in training application. SF and Mr. Nguyen allegedly completed and signed the application on June 18, 2012. The Inspector confirmed with the Board's licensing specialist that SF's technician in training application was not on file with the Board and

SF was not registered as a technician in training. In his written statement, Mr. Nguyen indicated that he failed to follow-up on the application for SF. SF worked ninety-three days without a valid license.

FIRST CAUSE OF ACTION

III.

As the managing pharmacist for the pharmacy in which SF worked without a license, and in failing to verify that SF had validly registered as a pharmaceutical technician in training, MinhQuang Nguyen violated NRS 639.210(4) and/or (15) and/or NAC 639.945(1)(i) and/or (k).


SECOND CAUSE OF ACTION

IV.

In owning and operating the pharmacy in which SF worked without a license, and in failing to verify that SF had validly registered as a pharmaceutical technician in training, Kmart #3719 violated NRS 639.210(4) and/or NAC 639.260 and 639.945(1)(i) and/or (k) and/or (2).

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

Signed this 21st day of February, 2013.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

KMART PHARMACY #3719

Certificate of Registration No. PH00792

Respondent

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CASE NO . 13-006-PH-S

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

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

I.

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

II.

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

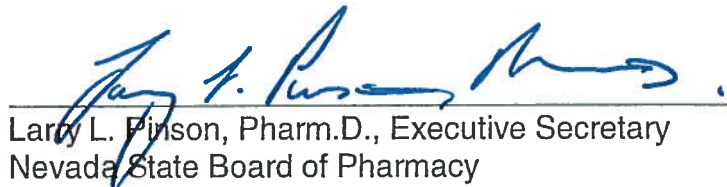
III.

The Board has reserved Wednesday, April 17, 2013, as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 24th day of February, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-006-PH-S
v.)	
	)	ANSWER AND
KMART PHARMACY #3719	)	NOTICE OF DEFENSE
Certificate of Registration No. PH00792)	
)	
Respondent	/	

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

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

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

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

DATED this _____ day of _____, 2013.

Print or Type name

For Kmart #3719

Carolyn Cramer recommended that Ms. Alterman shall complete 30 hours of continuing education for the renewal period of November 1, 2009 through October 21, 2011. One of these units is to be on ethics. Ms. Alterman will not be given credit for any of the continuing education classes she completed prior to February, 2012. For the renewal period of November 1, 2011 through October 31, 2013, Ms. Alterman will complete 75 units of CE and her continuing education hours will be audited to verify that she has completed the 75 hours. Ms. Alterman must take and pass the written law examination provided by Board staff and shall pay a fine of \$500.00 both within 60 days.

Board Action:

Motion: Kam Gandhi moved to accept Ms. Cramer's recommendations.

Second: Russ Smith

Action: Passed Unanimously

G. Cindy Orwick, PT (12-047-PT-S)

Cindy Orwick appeared and was sworn by President Foster prior to answering questions or offering testimony.

Tammy Myxter, Pharmacy Coordinator for Smith's, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer noted that during a random drug screen conducted by Ms. Orwick's employing pharmacy, she tested positive for methamphetamine and was terminated. Ms. Orwick is contesting the action.

Tammy Myxter explained that her duties as Pharmacy Coordinator included the auditing of pharmacy law to ensure compliance. Random employee drugs screens are conducted at the store and sent to a laboratory for results. Smith's Human Resources Department notifies Ms. Myxter of failed test results and she in turn notifies the Board. Employee termination is handled at the store level.

Ms. Cramer presented the Quest Diagnostics drug test results as Exhibit 2. President Foster admitted the drug test results into the record.

Ms. Orwick testified that she does not have a drug problem. She claims that during an evening out with friends, something was put into her drink while she was away from the table. She became ill after consuming the drink and believes that is why the drug test results were positive. Ms. Orwick has not had a positive drug test in her twenty years of employment and she offered to have monthly drug tests at her own expense.

Kam Gandhi disclosed that he is employed by Sav-On but does not know Ms. Orwick.

After discussion, the Board felt that further information is needed before a determination can be made. They recommended that Ms. Orwick be evaluated by PRN-PRN and that Board staff request information on the interpretation of drug test results from Quest Diagnostics.

Board Action:

Motion: Cheryl Blomstrom moved to continue this matter to the January meeting pending the PRN-PRN evaluation and interpretation of drug testing by Quest Diagnostics.

Second: Jody Lewis

Action: Passed Unanimously

H. John Zindash, PT (12-043-PT-S)

NOTE: Jody Lewis recused from participation in this matter due to her employment with CVS.

John Zindash appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer noted that Mr. Zindash is not contesting the facts in this matter. CVS conducted an internal investigation into the performance issues of a co-worker of Mr. Zindash. During the course of that investigation, the co-worker told CVS loss prevention personnel that Mr. Zindash had diverted controlled substances from his employing pharmacy. CVS loss prevention personnel interviewed Mr. Zindash and he admitted that he had diverted approximately 50 to 60 tablets of hydrocodone/APAP 5/325, 50 to 60 tablets of hydrocodone/APAP 10/325 and 50 to 60 tablets of hydrocodone/APAP 5/500 from his employing pharmacy to self-medicate and was terminated from his employment as a pharmaceutical technician.

Mr. Zindash testified that he found the job to be physically and emotionally draining. He began experiencing back pain and took the hydrocodone to self-medicate for the pain.

Board Action:

Motion: Kirk Wentworth moved to find Mr. Zindash guilty of the alleged violations.

Second: Jack Dalton

Action: Passed Unanimously

Carolyn Cramer recommended the revocation of Mr. Zindash's pharmaceutical technician registration.

Carl Mastrosimone

Las Vegas NV, 89128

702 577-

13 November 2012

Carolyn J. Cramer, Counsel
Board of Pharmacy
RE: M. Saleh, MD
Dear Ms. Cramer

I would like to kindly request on behalf of Dr Mohamed Omar Saleh that he be placed on the January 16 - 17 2013 Board of Pharmacy agenda in Las Vegas Nevada.

Enclosed please find examination summary performed by Dr, Thomas F. Kinsora Ph.D. at the request of the Nevada State Board of Medical Examiners.

Certified copies of the case filed in District Court Clark County Nevada against Dr. Saleh and Judgment.

Copies of Dr. Saleh's past and present certifications and letter from the Department of Health & Human Services confirming his certification to treat a maximum of 100 patients in his Outpatient Opiate Detoxification program, at any given time.

He will see patients with other psychiatric problems using the Guidelines of the American Psychiatric Association, if necessary. He plans to make arrangements with an equally certified doctor in Las Vegas, for when he is not here. His divorce decree was signed and he is feeling remarkably better, sharing parenting with his ex-wife.

Hoping this submission will satisfy the Members of The Board of Pharmacy, and your continued support, he is hoping to see a positive outcome on January 16th, 2013. He is painfully aware that he made a mistake in relying totally on his staff, and has paid dearly for this mistake. Going forward he will make absolutely sure that all the rules, the regulations and the laws of the Great State of Nevada and Florida are followed to the letter.

Respectfully
Carmelo "Carl" Mastrosimone
Administrator



ORIGINAL

FILED

NOV 21 2011

CLERK OF COURT

JACP
DAVID ROGER
Clark County District Attorney
Nevada Bar #002781
200 Lewis Avenue
Las Vegas, Nevada 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

MOHAMED OMAR SALEH,
#2797444

Defendant.

Case No: C276873-1

Dept No: XVII

C-11-276873-1

JOC

Judgment of Conviction

1098889



PLEA OF GUILTY AND JUDGMENT OF CONVICTION

On the 25th day of October, 2011, the Defendant appeared before the Court herein with his counsel, Michael Becker, Esq., and entered a plea of guilty to the crime(s) of CONSPIRACY TO COMMIT UNLAWFUL DISPENSING OF CONTROLLED SUBSTANCE (Gross Misdemeanor), in violation of NRS 199.480, 453.381; thereupon, pursuant to negotiations and request of counsel, the Presentence Investigation Report (PSI Report) WAIVED and Court will proceed with sentencing today,

THE DEFENDANT IS HEREBY ADJUDGED guilty of said offense(s) and, in addition to the \$25.00 Administrative Assessment Fee, the Defendant is sentenced as follows: TO PAY A FINE IN THE AMOUNT OF \$1,975.00.

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RECEIVED

NOV 21 2011

CLERK OF THE COURT

RECEIVED

NOV 08 2011

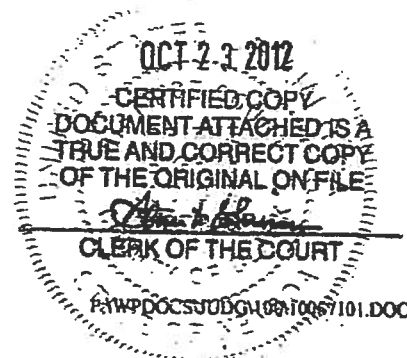
CLERK OF THE COURT

1 COURT FURTHER ORDERED, matter set for STATUS CHECK in one (1) week.
2 Court advised Defendant that if the fine is paid and proof is provided to Mr. Becker,
3 Defendant's presence will be waived at the next court date. BOND, if any, EXONERATED.

4 DATED this 21 day of November, 2011.

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7 DISTRICT JUDGE 
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cc



NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
(This application can not be used by PA's or APN's)
CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order or cashier's check only, no cash)

First: MOHAMED Middle: OMAR Last: SALEM Degree: MD

Practice Name (if any): CENTER FOR MEDICINE & WELLNESS

Nevada Address: _____ Suite #: 100
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: P.O. BOX 10339 SS#: _____

City: JACKSONVILLE State: FLORIDA Zip Code: 32247

E-mail address: _____

Nevada Work Tel: _____ Date of Birth: _____

Nevada Fax: _____ Sex: ☒ M or ☐ F

Practitioner License Number: 11784 Specialty: PSYCHIATRY

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

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...				<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, <u>arrested</u> or convicted of a felony or misdemeanor in <u>any</u> state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....				<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:					
Board Administrative Action: <u>201105940</u>		State: <u>FL</u>	Case #: <u>201105940</u>		
Criminal Action:					

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct.

Original Signature, no copies or stamps accepted. _____ Date 7/15/2011

Board Use Only

Received: _____ Amount: 80.00 Entity# _____



CENTER FOR MEDICINE & WELLNESS

P.O. BOX 10339
JACKSONVILLE, FLORIDA 32247
TELEPHONE: (904) 398-0009
FAX: (904) 346-0887
FAX: (904) 297-4452
1-888-DR-SALEH

M. SALEH, M.D., B.C.F.M., F.A.P.A., A.S.A.M.
DAWIT ZEMICHAEL, M.D., M.S.
THOMMI THOMAS, M.D.
LEO GALLOFIN, M.D.

4305 DEAN MARTIN DRIVE
SUITE 100
LAS VEGAS, NEVADA 89102
TELEPHONE: (702) 791-1004
FAX: (702) 791-1005
TOLL FREE 1-888-377-2534

July 5, 2011

Carolyn Cramer, Esquire
General Counsel for the Nevada Board of Pharmacy
431 W Plumb Lane
RENO, NEVADA 89509

RE: MOHAMED O. SALEH, M.D., B.C.F.M., F.A.P.A., A.S.A.M., M.R.O.

Dear Ms. Cramer:

I would like to first thank you for your kindness, support and advice at the time of the last Hearing of the Board of Pharmacy. I concur with your statement that I had to get my life in order and I took your advice to heart. I haven't been back to Las Vegas since that hearing. Dr. Leo Gallofin has been seeing my patients in Las Vegas, and I was planning to reapply for the registration number and possibly schedule it at the next hearing in Las Vegas in August. However, I was just notified by Dr. Leo Gallofin (see attached letter) that he will not be able to cover my practice effective August 15th and from that moment on I will basically have no doctor to cover my practice and see my patients in Las Vegas.

I did follow your advice and although not perfect, my life is in much better order. I sold or dissolved some of my business endeavors; I cut down completely seen patients with psychiatric problems in the strict sense of the word; I am focusing 99% of my effort in the treatment of patients with addictions. This has cut down my inpatient load in Jacksonville to less than one patient in 3 month, and my outpatient load to 3 or 4 patients three days a week, Monday, Tuesday and Wednesday. In the past every other Thursday morning I was flying to Las Vegas to treat patients there on Thursday and Friday. Since you placed me "on ice", I basically have four days off every week. This has allowed me to spend quality time with my daughters, re-align my priorities and truly make a well pondered decision about what I am going to do going forward. On July 8, 2011, I turn 58 years old, I believe I had a good life and have been very lucky and blessed. According to Eric Eriksson's Theory of Human Development, I am in that stage of life that he called, "mature adulthood" and the neurotic conflict is between "generativity vs. stagnation".



Carolyn Cramer, Counsel

07/05/2011

Page 2

The next generation and passing on wisdom to the next generation is more important than my own needs.

My divorce is not finalized as yet, and it will be a great day when I have closure of this tragic chapter in my life. I have custody of my three youngest daughters, one of age five and two twins of age three. Thanks to your recommendation not to approve my application, I had an opportunity to spend a lot of time with them. In fact, we just returned from Orlando where we spent the 4th of July weekend at Disney World.

Unfortunately, Dr. Leo Gallofin, who was covering my practice, has indicated that he will not be able to see my patients effective August 15th and from that point on most of my Las Vegas patients will be left without medical services. I would really like to be back in Las Vegas to treat them and provide them with the services that they need. I heeded your advice and I thank you for recommending that the Board not approve my application for registration. This has forced me to actually take a lot of time off and look deep within me for what I want to do. I have purchased three riverfront homes in Jacksonville, Florida, contiguous to each other, where I will start two sobriety homes, one for women, one for men, and the third building for recreation and informal group therapy sessions, group meditation sessions etc. The core treatment program will take place in my main office at 1408 San Marco Blvd in Jacksonville Florida. I am also in the process of opening a full service Day Spa and Hair Salon, attached to my office at 1410 San Marco Blvd that will be available to benefit the patients in our sobriety program with massages, manicure, pedicure, and those other services that will constitute the "body" part of the treatment triad. I believe treatment of addiction requires addressing mind, body, and spirit. The mind part I can do effectively, thanks to my long experience in the field, and my board certifications in addiction psychiatry, addiction medicine, forensic psychiatry, and forensic medicine.

The body part will be essentially a program of gradual incorporation of exercising in their daily routine, in addition to massages, facials, spray tanning and all those SPA services that are so helpful in assisting patients in feeling good about themselves. The Spirit part will only address the need to listen to your inner voice and surrender to your "higher power" whoever that is. The only active program that we will provide will be an informal "town hall" meeting, where a terminally ill patient from the local hospice will sit on a stage, blanket on his or her knees and speak informally about their life, and how it changed since they were told that they have six months to a year to live. This type of programs, I found out, are very powerful in eradicating the tendency to procrastinate, so common to our patients and people in general.

We plan to work very closely with the drug courts. I don't plan to see too many new patients in Las Vegas; however, I would like to come to Las Vegas once a month to see my regulars for their monthly appointment, and also to run my office. The divorce with my wife is in the final stages. I have received custody of my three younger daughters, twins of age 3 Isabella and



Carolyn Cramer, Counsel

07/05/2011

Page 3

Gabriella, and the 5-year-old Vanessa that you met at the time of the first hearing on January 11th. Because of the report from Kendra Still, the DEA agent that was at the hearing on 01/11/11, the Board of Medicine in Florida has requested that I undergo a comprehensive evaluation with a psychiatrist/neurologist that sub-specializes in head trauma.

I have undergone five hours of intensive evaluation to make sure that I am not suffering from any problems related to the head trauma, psychiatric disorder or substance abuse disorder. I asked Dr. Domingo Cerra, the expert of the Department of Health of Florida, to forward a copy of the report to your attention.

I am very disappointed with Kendra Still the DEA agent, for making those allegations without knowing the background of my head trauma and problems with my feet and the stress of the divorce. On January 11th when she made those allegations I asked her repeatedly to perform a drug test on the spot, to rule out any problems and eliminate any clouds of suspicion from over my head that were sure to follow her repeated inquiries if I was on any illicit drug. A simple drug test, done on the spot, immediately after the hearing of 1/11/11, would have eliminated a bevy of problems that have followed me all the way to Florida. Unfortunately she refused and as a result of her sending the unsubstantiated report to Florida I had to undergo a comprehensive evaluation at a cost of \$ 2,000.00. There are, therefore, one or two complaints pending in Florida, one related to the missing logs that were in fact available and were taken to the Department of Health in Tallahassee, Florida, as Mr. Burgess has indicated to you that the Board was going to dismiss those allegations. There was a meeting June 17th. I will ask him to send you a letter. In regards to the new complaint generated by Ms. Kendra Still's report, I underwent the evaluation and the probable cause panel will address the subject very soon, I hope. I believe that will also go well.

Having said that, I want to assure you that I am doing well, I have got my life in order, I have cut down on most of my activities, and I plan to just manage the two sobriety homes, one will be for six females and one for six men. At any given time I will have only 12 patients in the guest house/sobriety homes program and about 20 or 30 outpatients in Florida and 10 to 20 in Las Vegas, to care for along with my individual and group therapists and a part-time doctor. I will have a lot more free time than I had before. Again, I plan to come to Las Vegas only once or twice a month. For the Sobriety Homes program we will charge \$ 10,500.00 for 30 days of treatment. An all inclusive price that will cover psychiatric services, room and board, SPA services and all transportation, including their plane ticket from Las Vegas to Jacksonville. An extremely reasonable price, considering how much other programs charge for treatment. Truly, there is no difference between an inpatient program and our sobriety homes program, except that ours will cost less and will provide much more services, better environment, and more "doctor" face time.



Carolyn Cramer, Counsel

07/05/2011

Page 4

We have also resolved the issue of availability that was causing you concern, when anybody calls our office, if it is a routine call the answering service takes a message and emails all the incoming messages to our office where they can be accessed by the staff in Nevada or Florida. If a patient wants to talk to somebody the calls are "patched through" to Mr. Carmelo Mastrosimone for the Las Vegas Patients and to Naomi Pike for the Florida patients. They will address anything that they can handle and they will contact Dr Galofin or me, when the issue requires doctor's expertise. I plan to add a second cell phone, with the number to be given to pharmacists and health care facilities only. We also plan to subcontract with an additional psychiatrist for the Las Vegas patients. For those times that Dr. Galofin or myself are not available.

I am also planning to place a t-line between the Jacksonville office, my home and the Las Vegas office and obtain permission for telemedicine. If for some reason Dr. Gallofin is not able to see the patients I will be able to see them via state of the art internet services. If I am correct there is an application process, to obtain authorization to perform "telemedicine". Please correct me if I am wrong.

I am attaching an application for a registration number with the Board of Pharmacy. I hope that I have answered all the questions correctly this time. I would like to thank you again for forcing me to take this time off and getting my life in order. The depression from the divorce has improved significantly and as I stated I have undergone my evaluation which showed that I am not suffering from any problems that may interfere with my cognitive abilities, especially subsequent to the head trauma. I would be very grateful if you could place me on the agenda of the Board of Pharmacy on August 19 or sooner, in Reno Nevada. I truly hope to have your support and a positive recommendation this time. I pledge and guarantee to you that you will not regret supporting my application.

I decided to er on the side of too much disclosure as opposed to too little disclosure. I answered yes to the question ""been arrested, charged etc. because after the hearing of 1/11/2011 I was in fact arrested and charged, albeit, the attached letter from the DA shows that "his office determined not to file formal charges". I answered "yes" to the question of "administrative complaints pending, because I don't know what was the outcome of the discussions of the "probable Cause Panel" about the "missing logs".



Carolyn Cramer, Counsel

07/05/2011

Page 5

Mr. Burgess has indicated that they were going to be dismissed but I have not received a final word. About the complaint filed by Kendra Still, I was sent and cleared by the diversion evaluator; the probable cause panel did not send me anything in regard to this. I am not even sure if it qualifies as a "pending complaint. I also answered "yes" to the third question, My license in Nevada has not been subjected to any discipline, but I was in violation of pharmacy drug laws, because I wrote prescriptions in Nevada without the proper registration with the Board of Pharmacy. I am also enclosing a cashier's check for \$ 80. I hope I completed the form correctly this time.

With Kindest Regards, I Remain

Respectfully

A handwritten signature in black ink, appearing to read 'M. Saleh', is positioned below the word 'Respectfully'.

M. Saleh, M.D., B.C.F.M., F.A.P.A., A.S.A.M.

Diplomate American Board of Psychiatry & Neurology, A.B.P.N.

A.B.P.N., Board Certified in Forensic Psychiatry

A.B.P.N., Board Certified in Addiction Psychiatry

A.S.A.M. Certified, American Society Addiction Medicine

M.R.O., Certified Medical Review Officer

F.A.P.A., Fellow American Psychiatric Association

B.C.F.M., Board Certified Forensic Medicine

MS: amm

#17824, 1782

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 (LLC)
<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: PRN MEDICAL SERVICES, LLC, dba SYMBIUS MEDICAL, LLC.

Physical Address: 6625 S. VALLEY VIEW BLVD, SUITE 328
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: LAS VEGAS State: NV Zip Code: 89118-4558

Telephone: (702) 425-2270 Fax: (702) 920-8841

E-mail: nfranklin@sybiuomedical.com Website: www.sybiuomedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 4p Tue: 9a to 4p Wed: 9a to 4p Thu: 9a to 4p

Fri: 9a to 4p Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: TRENT MCCALLSON

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

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

**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: _____

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>6132530005</u>	<u>1023258574</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 type="checkbox"/> Respiratory Therapist | Name: _____ |

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.

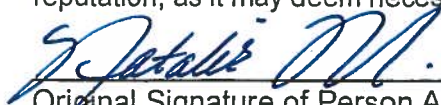
Within the last five (5) years:

- 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.



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

NATALIE FRANKLIN
Print Name of Authorized Person

2/14/13
Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: DELAWARE

Parent Company if any: PRNMS INVESTMENTS, LLC

Corporation Name: PRN MEDICAL SERVICES, LLC, dba SYMBIUS MEDICAL LLC

Mailing Address: 2311 W. UTOPIA RD.

City: PHOENIX State: AZ Zip: 85027

Telephone: (623) 780-8686 Fax: (623) 780-1887

Contact Person: NATALIE FRANKLIN

For any corporation non publicly traded, disclose the following:

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

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

- 2) Provide the number of shares issued by the corporation. _____
- 3) What was the price paid per share? _____
- 4) What date did the corporation actually receive the cash assets? _____
- 5) Provide a copy of the corporation's stock register evidencing the above information

**PRN MEDICAL SERVICES, LLC. d/b/a SYMBIUS MEDICAL LLC.
STATEMENT OF OWNERSHIP**

SYMBIUS MEDICAL, LLC

Name	Title	Home Address	City, State, Zip	Phone Number	State of Birth	Date of Birth	Sex	Religion	Emergency Number
Darlene May	CEO	Cedar Lane	Udall, CO 80127	(303)	Georgia				
Duffin Knox	President	h 64th Ave	Phoenix, AZ 85085	(602)	Arizona				
Paul Vadorovsky	CFO	31th Ave	Scottsdale, AZ 85280	(602)	Illinois				
Gary Hershley	Vice President	Elbow Dr	Glendale, AZ 85308	(602)	Pennsylvania				

PRN Medical Services, LLC dba Symbius Medical, LLC is 100% owned by PRNMS Investments, LLC

Registered Agents

The Corporate Trust Company Corporation Trust Center 1209 Orange Street Wilmington, DE 19801	MC PINNMS, LLC Jove Equity Fund 3, LP MHK Holdings, Inc.	46 2/3 % 26 2/3 % 26 2/3 %
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PRIMS Investments, LLC Owners

MC PRNMS, LLC 46 2/3 🌻

Jove Equity Fund 1, LP 26 2/3 %

MHH Holdings, Inc. 26 2/3 %

INDIVIDUALS HOLDING MORE THAN 5% INTEREST (DIRECT OR INDIRECT)

Name	Title	Address	City, State Zip	Phone No.	Social Security No.	Date of Birth	Percentage
Kenneth Tuchman	Managing Member		Englewood, CO 80112		California	1	> 5%
Jack Matheson	Owner/Member	3 Firecoo County Club Drive	Fountain Hills, AZ 85268		California	4	> 5%
Jerred Potts	Member	Blackwell Capital, 5251 DTC Pkwy, Suite 955	Greenwood Village, CO 80111		Colorado	5	> 5%
Gary Hensley	Vice President	Fitchburg Dr	Glendale, AZ 85308		Pennsylvania	6	> 5%
Dwight Knox	President	10th 64th Ave	Phoenix, AZ 85005		Arizona	7	> 5%
Lawrence Hiy	CEO	38th Cedar Lane	Littleton, CO 80127		Georgia	8	0%
Managing Members							
Joel Citron	Member	1001 Park West	New York, NY 10024		Sweden		0%
David Malone	Member	on Street	Babylon, New York 11702		New York		0%
Joseph P. Ponomarev	Member	Grant Street	Denver, CO 80210		Florida		0%

12/31
appearance

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: Young Devices, LLC

Physical Address: 6000 S. Eastern Ave 4D

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

Mailing Address: _____

City: Las Vegas State: NV Zip Code: 89119

Telephone: 702-706-6214 Fax: 702-990-9696

E-mail: Office@youngdevices.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6 to 6 Tue: 6 to 6 Wed: 6 to 6 Thu: 6 to 6

Fri: 6 to 6 Sat: to Sun: to Holidays: to

hours vary
by day

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: _____

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: Sports Medicine devices

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

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>	_____	_____
_____	_____	_____
_____	_____	_____

- 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 type="checkbox"/> Respiratory Therapist	Name: _____

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.

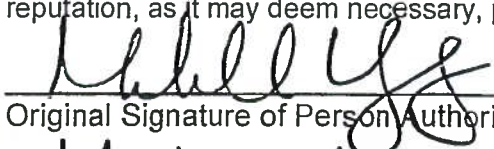
Within the last five (5) years:

- 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.


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

Marshall Young
Print Name of Authorized Person

11/21/12
Date

Board Use Only

Received: DEC 06 2012

Amount: 500.00

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

I, Marshall Young

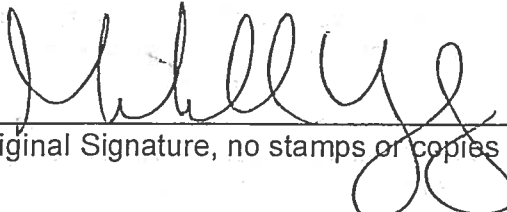
Responsible Person of Young Devices

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

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

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

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


Original Signature, no stamps or copies

11/15/2012
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/27/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Distinctive Insurance Inc. 8375 W Flamingo Rd Suite 102 Las Vegas NV 89147	CONTACT NAME: Allison Brown	
	PHONE (A/C, No, Ext): (702) 396-4844 FAX (A/C, No): (702) 396-4832	
	E-MAIL ADDRESS: Allison@Distinctive.net	
INSURED Young Devices, LLC 6000 S EASTERN AVE SUITE 4D LAS VEGAS NV 89119	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Transportation Insurance	20494
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL12112701088 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COM/OP AGG	\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB					EACH OCCURRENCE	\$
	EXCESS LIAB					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: All Nevada Jobs

This certificate is issued for proof of insurance purposes only.

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

M Stewart/ABROWN

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/15/2012

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 _____

Young Devices 6000 S Eastern Ave 4D Las Vegas 89
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated _____

1. PERSONAL INFORMATION:

Young Marshall Tracey
Last Name First Name Middle Name

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

Henderson NV 89052
Present Residence Address-Street or RFD City State/Zip

same as above 4/2009
Present Business Address Dates City State/Zip

Self 4/2009
Occupation Dates

Phone: _____
Residence _____
Business 702-449-6788

7/9/19800 SLC. UT USA
Date of Birth Place of Birth (City, County, State)

32 --- M
Age Social Security Number Sex

Blue Red clear 5'11 stocky 205
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics freckles

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

If naturalized, certificate No _____ Date _____

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

2. MARITAL INFORMATION:

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

Applicant's initial _____ Page 1

MARITAL INFORMATION-Continued

A. Current Marriage

Date Sept 25, 2009 City, County and State Las Vegas Nevada
 Spouse's full name (Maiden) Sara Beth Young S.S. No. _____
 Date of Birth Las Vegas NV Place of Birth 7/20/1983
 Resident address _____
 Street _____ City _____ State NV Zip 89052
 Telephone: Residence _____ Business _____
 Spouse's employer _____ Occupation Mom
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

Breanna Wilson	2008	Salt Lake City	NA	SLC Utah
----------------	------	----------------	----	----------

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

I DON'T KNOW					
--------------	--	--	--	--	--

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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

Bronson Young	1/1/2012	Henderson	Same as above
---------------	----------	-----------	---------------

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial

FAMILY INFORMATION-Continued

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

Name _____

Address _____

Contact person _____

C. Parents:

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

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

Father

Ted Weinstock Henderson 89052

Mother

Lori Edmunds 89052

Father-in-Law

Dean Edmunds same as Dean

Mother-in-Law

D. Brothers and Sisters:

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

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

Spouse

Mike Young 12/30/79 ? Lawyer

Spouse

Zachary Edmunds ? ? Insurance

Spouse

Cameron Edmunds Nothing

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Monte Vista	Utah	85-91	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Bingham High	Utah	95-98	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other None			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____

College or university where obtained _____

Applicant's initial

my

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒
- Branch _____ Date of entry-active service _____
- Date of separation _____ Type of discharge _____
- Rating at separation _____ Serial number _____

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

- B. Have you registered for the draft? Yes ☐ No ☐
- County _____ State _____ Date registered _____

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
None					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

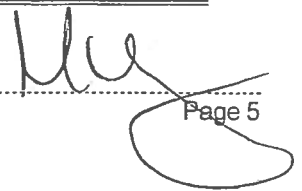
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
	3154 Laurel Ave	Henderson	NV
	1125 Scenic Crest	Henderson	NV
	Hidden Sands Ct.	Henderson	NV
	Dune Buggy Drive		UTah
	Portugal		
	Van Ness Drive		Ut.

Applicant's initial



1822A-285-297-413-414-1 0

1/2012 Young Devices

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>Kip Lambert</u>	Home	<u>South Jordan</u>	<u>Utah</u>			<u>22 years</u>
Employer <u>Self</u>	Business	<u>Travel</u>				
Name <u>Jeff Sorenson</u>	Home	<u>Summerlin</u>	<u>Nevada</u>			<u>25 years</u>
Employer <u>Self</u>	Business	<u>Medical Sales</u>				
Name <u>John Bourne</u>	Home	<u>South Jordan</u>	<u>Ut.</u>			<u>23 years</u>
Employer <u>oil co.</u>	Business	<u>CPA</u>				
Name <u>Ryan Pratt</u>	Home	<u>South Jordan</u>	<u>Ut</u>			<u>20 years</u>
Employer <u>Professor</u>	Business					
Name <u>Cody Thompson</u>	Home	<u>Las Vegas</u>	<u>NV</u>			<u>4 years</u>
Employer <u>Metro</u>	Business	<u>Cop</u>				

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

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

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

.....

.....

.....

Applicant's initial

My

STATE OF _____

ss.

COUNTY OF _____

I, Marshall T. Young, 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.

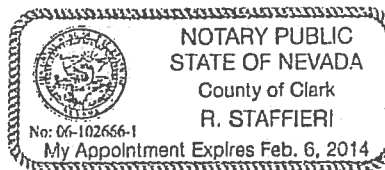
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of

November 2012

[Signature]
Notary Public



(seal)

Applicant's initial My

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

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

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

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

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

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

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

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

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 11/25/2012

Applicant's initial my

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 11/25/2012

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 Young Devices
6000 S. Eastern Ave Nature of MDEG 4D Las Vegas NV 89119
Name and Address of Business for Which MDEG Administrator Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Young Last Name Marshall First Name T. Middle Name

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

Henderson NV 89052
Present Residence Address-Street or RFD City State/Zip

6000 S. Eastern Ave 89119 Las Vegas NV 89119
Present Business Address City State/Zip

Director ?
Present Position with the MDEG Dates

Phone: 702-449-6788 Fax: 702-990-9696

Email address: Marshall@youngdevices.com

4.4.1982 Salt Lake City, Utah
Date of Birth Place of Birth (City, County, State)

32 ----- M
Age Social Security Number Sex

Blue Red 200 5'11
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics freckles

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

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

EMPLOYMENT:

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

4/2010	Dynamic Medical Solutions	2000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Sales	Medical Sales	Albert DeCosta
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

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

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

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

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

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

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

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ATTACH PHOTOGRAPH

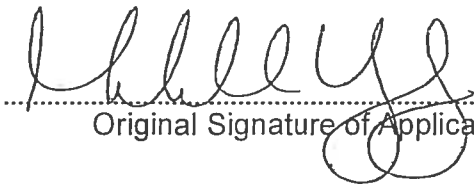
TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 11/25/2015

I, Marshall Young, 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



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

Date: December 19, 2012

To: Young Devices, LLC
6000 S Eastern Ave #4D
Las Vegas, NV 89119

From: Candy Nally, Licensing Specialist
Nevada State Board of Pharmacy

Subject: Recently Received Application

This is to confirm that the Nevada State Board of Pharmacy has received your business application. After review of the application and documents, we will require the following information before we can proceed with your application.

On Page 3 of the MDEG administration form you have indicated you worked 2000 hours for a company by the name of Dynamic Medical Solutions. We will need documentation from you regarding your experience with this company. To be a MDEG administrator, you are required to have at least 1500 hours of work experience relating to the products you will be providing.

All Nevada MDEG applications require board approval and appearance is required. The next board meeting is scheduled for January 16-17, 2013 in Las Vegas. The deadline to receive the required information is December 31, 2012. We cannot guarantee your application will be scheduled for January, even if the documents are received within the timeframe because we will need to verify the information you provide.

If you have questions, please contact Carolyn Cramer, general counsel at (775) 850-1440.

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.

4/2010	Dynamic Medical Solutions	2000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Sales	Medical Sales	Albert DeCosta
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor



July 27, 2010

To whom it may concern:

This letter will identify Mr. Marshall Young as a representative of Dynamic Medical Solutions, Inc., and who may be present in your hospital's operating room in his capacity as a sales consultant or product advisor. Marshall's employment with our company began April 2010.

Marshall has received extensive training in all product categories as well as training regarding asepsis technique, infection control, blood borne pathogens, safety, liability and patient confidentiality issues associated with his potential presence in the surgery departments of our hospital customers. Marshall is competent and knowledgeable in all aspects of the proper use of Biomet products.

To the extent you inform us, we agree to comply with your internal policies and procedures.

Please do not hesitate to contact us should you require additional information.

Sincerely,

Albert DaCosta
Director of Sales
Dynamic Medical Solutions, Inc.

8310 S Valley Hwy, Ste 160
Englewood, CO 80112
305-490-6858

The Receivex logo features the word "Receivex" in a bold, sans-serif font, with a stylized "X" that incorporates a circular element.

Received: 11/15/2011

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 MP00636)

☐ 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: Nevada Orthotics & Prosthetics

Physical Address: 3440 Cheyenne Ave, North Las Vegas NV 89032
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3440 Cheyenne Ave, North Las Vegas NV 89032

City: North Las Vegas State: NV Zip Code: 89032

Telephone: 702 233 5500 Fax: 702 233 2131

E-mail: info@nvoandp.com Website: nvoandp.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 4 Tue: 8 to 4 Wed: 8 to 4 Thu: 8 to 4
Fri: on call Sat: on call Sun: on call Holidays: on call

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Petra Thiesen

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

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

**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: Petra Thiesen Telephone: 702 768 1751

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>Medicare</u>	<u>631799001</u>	_____
<u>Medicaid</u>	<u>12556641165</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 type="checkbox"/> Respiratory Therapist | Name: _____ |

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.

Petra Thiessen

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

Petra Thiessen

Print Name of Authorized Person

3/22/13

Date

Board Use Only

Received: _____

Amount: \$ 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: N/A
Parent Company if any: _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
License Contact Person: _____

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. _____ %: _____
2. _____ %: _____
3. _____ %: _____
4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a publicly traded corporation

List of officers and directors.

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.

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: David Stollsteimer CPO, Inc.
Mailing Address: 3440 Cheyenne Ave Suite 300
City: North Las Vegas State: NV Zip: 89032
Telephone: 702 233 5500 Fax: 702 - 233 2131
Contact Person: Petra Thiessen

For any corporation non publicly traded, disclose the following:

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

a) <u>Thomas M. Thiessen</u>	<u>Las Vegas NV 89122</u>
Name	Address
b) <u>Michelle N. Peluaga,</u>	<u>Las Vegas NV 89130</u>
Name	Address
c) <u>Karie L. Brooks,</u>	<u>Las Vegas NV 89131</u>
Name	Address
d) <u>LOIS E Chotu</u>	<u>Las Vegas NV 89123</u>
Name	Address

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

- 2) Provide the number of shares issued by the corporation. 10,000
- 3) What was the price paid per share? 7.50
- 4) What date did the corporation actually receive the cash assets? March 22, 2013
- 5) Provide a copy of the corporation's stock register evidencing the above information

APPLICATION FOR NEVADA MDEG LICENSE

NON PUBLICLY TRADED CORPORATION

Include with the application for a non publicly traded corporation

Complete personal history record for each stockholder.. 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*.

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.

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

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 FOR NEVADA MDEG LICENSE

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

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

SOLE OWNER

Include with the application for a sole owner

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

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pathway Specialty Compounds

Physical Address: 2560 E. Sunset Road, #120

Mailing Address: 2560 E. Sunset Road, #120

City: Las Vegas State: Nevada Zip Code: 89120

Telephone: (702) 541-6023 Fax: (702) 405-8135

Toll Free Number: (800) 541-6023

E-mail: pathwayspecialtycompounds@gmail.com Website: _____

Managing Pharmacist: Henry Miller License Number: 13722

Hours of Operation:

Monday thru Friday 8:00 am 6:00 pm

Saturday N/A am _____ pm

Sunday N/A am _____ pm

24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

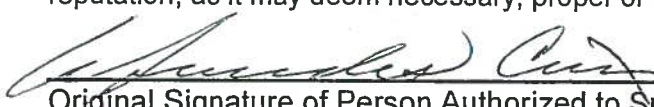
Within the last five (5) years:

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

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

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

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


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

MERCEDES CRUZ
Print Name of Authorized Person

12-26-12
Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE.

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: N/A

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a 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.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: Vernon Gettys Revocable Trust

Corporation Name: Gettys Corporation dba Pathway Specialty Compounds

Mailing Address: 2560 E. Sunset Road, #120

City: Las Vegas State: Nevada Zip: 89120

Telephone: (702) 541-6023 Fax: (702) 405-8135

Contact Person: Henry Miller

For any corporation non publicly traded, disclose the following:

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

a) Lyssa L. Gettys PI. #8, San Pedro CA 90731 50%
Name Address

b) Mercedes Cruz on behlf of Minor Jaqueline Gettys 26407 Senator Ave., Harbor City, CA 90710 50%
Name Address

c) _____
Name Address

d) _____
Name Address

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

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? .001

4) What date did the corporation actually receive the cash assets? December 1, 2007

5) Provide a copy of the corporation's stock register evidencing the above information (to be supplied)

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

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

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

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

List names of 4 largest partners and percentage of ownership:

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Person: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

PARTNERSHIP

Include with the application for a partnership

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

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

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: N/A

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

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

SOLE OWNER

Include with the application for a sole owner

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

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

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

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

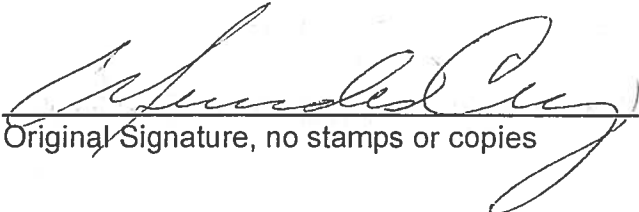
I, Mercedes Cruz

Responsible Person of Crawley-Gettys A professional corporation
dba pathway specialty compound
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

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

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

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


Original Signature, no stamps or copies

Dec 26, 2012
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: HENRY A MILLER

License #: 13722

Pharmacy Name: _____

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state? <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: <u>NV</u> Date: <u>4/8/2008</u> Case #: _____		
And/or Criminal Action: State: <u>PA</u> Date: <u>11/27/2012</u> Case #: _____		
County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Original Signature, no stamps or copies

Date

1-30-13

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: QUALITY HOME INFUSION

Physical Address: 801 S. RANCHO DR. E#7 LAS VEGAS NV, 89106

Mailing Address: 801 S. RANCHO DR. E#7

City: LAS VEGAS State: NV. Zip Code: 89106

Telephone: (818) 848-8112 Fax: (818) 848-8142

Toll Free Number: 866-961-3114

E-mail: Phil@QH1RX.com Website: QualityHomeInfusion.com

Managing Pharmacist: John Cortez License Number: 16633

Hours of Operation:

Monday thru Friday 8:00am 6:00pm Saturday ON CALLam _____pm

Sunday ON CALLam _____pm 24 Hours ON CALL

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

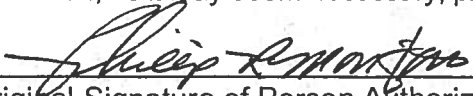
Within the last five (5) years:

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

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

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

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


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

PHILLIP R. MONTANO
Print Name of Authorized Person

3-22-2013
Date

Board Use Only

Received: _____ Amount: 500.00

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: JOHN R. CORTEZ

License #: 16633

Pharmacy Name: QUALITY HOME INFUSION

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

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

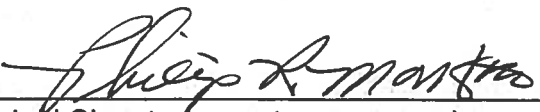
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

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

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.


Original Signature, no stamps or copies

3-22-2013
Date

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

List names of 4 largest partners and percentage of ownership:

Name: HOLLY F. GRIFFITH %: 51
Name: PHILLIP R. MONTANO %: 49
Name: _____ %: _____
Name: _____ %: _____

Partnership Name: PMKM LLC

Mailing Address: 212 W. MAGNOLIA BLVD.

City: BURBANK State: CA Zip Code: 91502

Telephone: (818) 848-8112 Fax: (818) 848-8142

Contact Person: PHILLIP R. MONTANO

List any physician shareholders and percentage of ownership.

Name: _____ %: _____
Name: _____ %: _____

PARTNERSHIP

Include with the application for a partnership

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

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

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

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

I, PHILLIP R. MONTANO

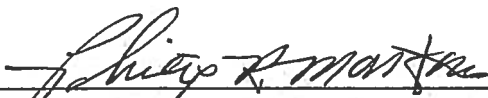
Responsible Person of QUALITY HOME INFUSION

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

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

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

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


Original Signature, no stamps or copies

3-22-2013
Date

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: American Medical Direct

Physical Address: 1802 W. Bitters, Ste. 301

Mailing Address: 1802 W. Bitters, Ste. 301

City: San Antonio State: Texas Zip Code: 78248

Telephone: 210-832-8300 Fax: 210-520-1440

Toll Free Number: 877-505-8383 (Required per NAC 639.708)

E-mail: brook@amdhc.com Website: www.americanmedicaldirect.com

Managing Pharmacist: Heather Mulvihill License Number: 34835

Hours of Operation:

Monday thru Friday 830 am 500 pm

Saturday on call am _____ pm

Sunday on call am _____ pm

24 Hours on call

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 checked="" type="checkbox"/> Parenteral <input checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
--	---

DOMINIQUE
PHILLIPS
OK
TELEPHONE
3/25/13

61292

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

Brock Rush
Print Name of Authorized Person

9/24/12
Date

Board Use Only

Received: 10-1-12

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: N/A

Corporation Name: American Medical Direct

Mailing Address: 1842 W. Bitters, Ste. 301

City: San Antonio State: TX Zip: 78248

Telephone: 210 832 8300 Fax: 210 520 1440

Contact Person: Dominique

For any corporation non publicly traded, disclose the following:

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

a) BROOK BUSH 1842 W. Bitters, Ste. 301, SA, TX 78248
Name Address

b) JEREMY CARR Bitters, Ste. 301, SA, TX 78248
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 30,000

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

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, Brock Rush

Responsible Person of AMERICAN MEDICAL DIRECT

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

Brock Rush
Print Name of Authorized Person

9/25/12
Date



**AMD
INFUSION**

Comprehensive Infusion Services

1862 W. Bitters, Ste. 301
San Antonio, TX 78248

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

To Whom It May Concern,

Per our application for the Out-of-State Pharmacy license for the State of Nevada, our pharmacy will **not** be shipping parenteral products into the state of Nevada. Please feel free to contact me with any questions.

Respectfully,

Brock Rush
American Medical Direct
C.E.O
210.832.8300 P
210.520.1440 F
210.381.4941 C



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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MY WEIGHT DOCTOR PHARMACY, LLC

Physical Address: 1701 ROCKVILLE PIKE, SUITE A12

Mailing Address: 1701 ROCKVILLE PIKE, SUITE A12

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

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

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

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

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

Hours of Operation:

Monday thru Friday 7 am 7 pm

Saturday 8 am 5 pm

Sunday N/A am N/A pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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


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

YASEMIN A. SALMAN

Print Name of Authorized Person

6/7/2012
Date

Board Use Only

Received: JUN 19 2012

Amount: 500-

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

State of Incorporation: MARYLAND
Parent Company if any: _____
Corporation Name: MY WEIGHT DOCTOR, LLC
Mailing Address: 1701 ROCKVILLE PIKE, SUITE A12
City: ROCKVILLE State: MD Zip: 20850-6376
Telephone: 240-430-2503 Fax: 240-430-2504
Contact Person: SHAWN SHABAN, BUSINESS MANAGER

For any corporation non publicly traded, disclose the following:

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

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

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

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

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Include with the application for a non publicly traded corporation

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

✓ List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

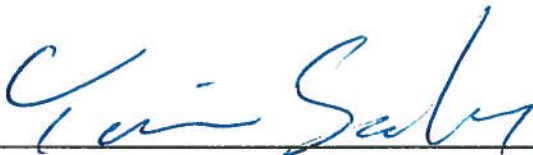
I, YASEMIN A. SALMAN

Responsible Person of MY WEIGHT DOCTOR PHARMACY, LLC

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

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

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



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

YASEMIN A. SALMAN

Print Name of Authorized Person



Date



Nevada State Board of Pharmacy

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

August 20, 2012

Shawn Shaban
My Weight Doctor, LLC
1701 Rockville Pike #A12
Rockville, MD 20850

Dear Mr. Shaban:

We are in receipt of the application for an out-of-state pharmacy license for My Weight Doctor, LLC. The application has been placed on the agenda of our September 2012 board meeting.

The required appearance has been scheduled for the following:

Wednesday, September 5, 2012
1:30 pm or soon thereafter
Hyatt Place
1790 E Plumb Lane
Reno

You are required to appear at the meeting. If you do not show up to the meeting and have not contacted the board prior to the appearance the board may taken action on the application in your absence.

In accordance with Nevada Administrative Code (NAC) 639.215, a corporation or a designated representative of the corporation must appear at the meeting. If the designated representative is not an officer of the corporation, a letter authorizing him to appear on behalf of the corporation that is signed by an officer of the corporation must be submitted with the application, mailed to the Reno office prior to the board meeting or submitted at the time of the appearance. Documentation of the status of the person signing the letter of authorization must have been submitted with the application.

If you have any questions, please do not hesitate to contact us at the Reno office.

Sincerely,

Candy M Nally

Candy M. Nally
Licensing Specialist



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

July 2, 2012

Shawn Shaban
My Weight Doctor, LLC
1701 Rockville Pike #A12
Rockville, MD 20850

Dear Mr. Shaban:

We are in receipt of the application for an out-of-state pharmacy license for My Weight Doctor Pharmacy, LLC. The application has been placed on the agenda of our July 2012 board meeting.

The required appearance has been scheduled for the following:

Thursday, July 19, 2012
1:30 pm or soon thereafter
Las Vegas Chamber of Commerce
Turnberry Town Square
6671 Las Vegas Boulevard, South
Building D, Suite 300
Las Vegas

You are required to appear at the meeting. If you do not show up to the meeting and have not contacted the board prior to the appearance the board may taken action on the application in your absence.

In accordance with Nevada Administrative Code (NAC) 639.215, a corporation or a designated representative of the corporation must appear at the meeting. If the designated representative is not an officer of the corporation, a letter authorizing him to appear on behalf of the corporation that is signed by an officer of the corporation must be submitted with the application, mailed to the Reno office prior to the board meeting or submitted at the time of the appearance. Documentation of the status of the person signing the letter of authorization must have been submitted with the application.

If you have any questions, please do not hesitate to contact us at the Reno office.

Sincerely,

Candy M Nally
Candy M. Nally
Licensing Specialist

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

*APPLICATION FOR CERTIFICATION AS A PROVIDER OF
INTERNET PHARMACY SERVICES*

*Addendum to Pharmacy Application
(Only required if providing internet services)*

GENERAL INFORMATION

Name of Nevada license pharmacy: MY WEIGHT DOCTOR PHARMACY, LLC

Nevada license number: _____

Websites in use or intended to be used: http://mwdpharmacy.com

Affiliated websites (websites that link to or otherwise direct users to your website):

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered by NABP) certified? Please provide a copy with application. Yes ☐ No ☒

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐


✓ **PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.**

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:
- A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☒ No ☐
 - B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☒ No ☐
 - C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☒ No ☐
 - D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☒ No ☐
 - E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☒ No ☐
 - F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☒ No ☐
 - G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☒ No ☐
 - H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☒ No ☐
 - I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☒ No ☐
 - J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☒ No ☐
3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☒ No ☐

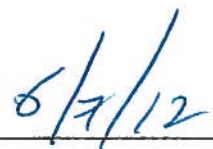
4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☒ No ☐
5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☒ No ☐
6. Does the pharmacy comply with applicable federal and state laws regarding the following:
- A) To the dispensing of prescription drugs? Yes ☒ No ☐
- B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☒ No ☐
- C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☒ No ☐
7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☒ No ☐
8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia*, 25th edition, 2002, which is hereby adopted by reference? Yes ☒ No ☐

✓ **PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.**

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner



Date

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Amerita, Inc., DBA Saffa Infusion Pharmacy

Physical Address: 6666 S Sheridan Road, Suite 100, Tulsa, OK 74133

Mailing Address: 6666 S Sheridan Road, Suite 100

City: Tulsa State: OK Zip Code: 74133

Telephone: 918-493-2727 Fax: 918-493-2990

Toll Free Number: 800-375-2729 (Required per NAC 639.708)

E-mail: rburgess@ameritaiv.com Website: www.ameritaiv.com

Managing Pharmacist: Ricky Burgess License Number: 15155

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input checked="" type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input checked="" 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 |

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

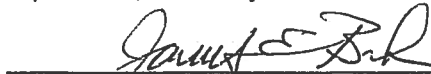
Within the last five (5) years:

- 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

JAMES E. BAKER

Print Name of Authorized Person

2/15/2013
Date

Board Use Only

Received:

3/7/13

Amount: \$500.00

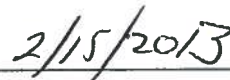


**Saffa Infusion Pharmacy
Nevada Application for Out-of-State Pharmacy License**

Signed Statement in Response to Question 3:

- An Amerita, Inc., pharmacy in Centennial, CO, received a stipulation and fine for failing to comply with data submission requirements for the state's prescription drug monitoring program. The branch was charged with failing to electronically file a dispense report indicating what controlled substances were dispensed during a one-week period. The fine was paid in full to the Colorado State Board and no further reporting violations have occurred. A copy of the Board document is attached.
- An Amerita, Inc., pharmacy in Austin, TX, received a Board Order and fined for permitting a pharmacy technician, with a suspended license, to perform the duties of a technician and for allowing the technician to work as a delivery driver after the pharmacy was alerted to the technician's license suspension. The technician's license was suspended for failure to attend Board-ordered training; the license was not suspended for reasons of drug abuse or diversion. Per the Board, the technician should not have been permitted any access to prescription drug inventory while his license was suspended. The fine has been paid in full to the Texas State Board of Pharmacy. A copy of the Board documents is attached.


James E. Baker, CFO


Date



Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive
Director

November 28, 2011

Amerita, Inc.
Attn: Beverley C. Ornes, RPH
7265 S Revere Pkwy, Ste 903
Centennial, CO 80112

**RE: Stipulation and Final Agency Order
Case #2012-1105**

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE IN-
STATE PRESCRIPTION DRUG OUTLET REGISTRATION OF AMERITA, INC.,
REGISTRATION NO. PDO 401,

Dear Ms. Ornes:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective November 25, 2011.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

**FOR THE COLORADO STATE BOARD OF PHARMACY
PRESCRIPTION DRUG MONITORING PROGRAM**

Tia Johnson
PDMP Administrator

Enclosure

cc: Lauri A. Rose, Settlement Specialist, Office of Expedited Settlement
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2012-001105

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION OF AMERITA, INC., REGISTRATION NO. PDO 401,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Amerita, Inc. ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2012-001105 as follows:

1. On April 2, 1996, Respondent Pharmacy became registered by the Board as an in-state prescription drug outlet in the State of Colorado and was issued Registration No. PDO 401 ("Colorado Registration").
2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2010), otherwise known as the Pharmaceuticals and Pharmacists Act.
3. Respondent Pharmacy's address of record with the Board and current location is 7265 S. Revere Parkway, Suite 903, Centennial, Colorado 80112.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. On September 30, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period of September 16 through September 25, 2010.
6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period of September 16 through September 25, 2011, and did not submit a "zero" report indicating no dispensing transactions for said reporting period as required by Board rule.

7. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

\$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents (\$5,000.00)**. Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents (\$5,500.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.
10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
- a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
 - d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.
12. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
- a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmaceuticals and Pharmacists Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceutical and pharmacists in the State of Colorado.
13. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
16. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

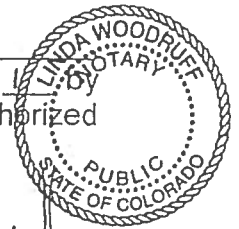
Beverley Ornes
Authorized Agent of Respondent Pharmacy

Dated: 11/22/11

Subscribed and sworn to before me in the County of Arapahoe
State of Colorado, this 22nd day of November, 2011, by
Beverley Ornes, in his/her capacity as an authorized
agent of Amerita, Inc.

My commission expires: 10-7-15

Linda Woodruff
Notary Public
My Commission Expires 10/7/15



FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved,
accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 25th DAY OF November, 2011.

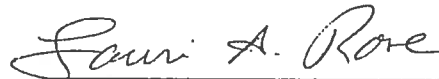
State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 14th day of November 2011, addressed as follows:

Amerita, Inc.
Attn: Beverly C. Ornes, RPH
7265 S. Revere Parkway, Suite 903
Centennial, CO 80112

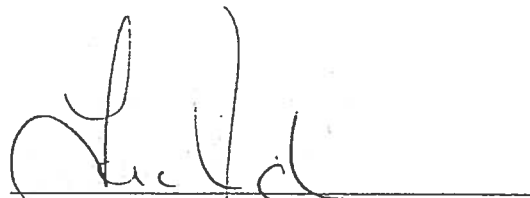


Lauri A. Rose

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 28th day of November 2011, addressed as follows:

Amerita, Inc.
Attn: Beverly C. Ornes, RPH
7265 S. Revere Parkway, Suite 903
Centennial, CO 80112



Agent of the Board



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Dennis F. Wiesner, R.Ph.
Vice President
Austin

Buford T. Abeldt, Sr., R.Ph.
Treasurer
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Ahilene

Joyce A. Tipton, R.Ph.
Houston

Charles F. Wetherbee
Buene

Gay Dodson, R.Ph.
Executive Director Secretary
Austin

November 19, 2012

THERESA IRENE ROMO, R.PH.
PHARMACIST IN CHARGE
AMERITA INC.
1600 WEST 38TH STREET, SUITE 132
AUSTIN, TX 78731

RE: In the Matter of Theresa Irene Romo
In the Matter of Amerita Inc.

Dear Ms. Romo:

Enclosed are copies of Agreed Board Orders (ABOs) #K-12-019-A and #K-12-019-B that were entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matters. TSBP entered these Orders on November 6, 2012. The requirements and conditions of the enclosed Orders and matters relating to the Orders are discussed below.

ADMINISTRATIVE PENALTIES

Under the terms of ABO #K-12-019-A, the pharmacist license issued to Theresa Irene Romo (number 37678) must pay an administrative penalty (fine) of \$2,500.00. Under the terms of ABO #K-12-019-B, the pharmacy license issued to Amerita Inc., (number 25370) must pay an administrative penalty (fine) of \$5,000.00. **The fines are due on or before February 4, 2013.** The fines may be paid with one cashiers check or money order in the amount of \$7,500.00. The cashiers check or money order must be made payable to the "Texas State Board of Pharmacy" and submitted to the Board's office by the due date. Please include the ABO numbers (#K-12-019-A and #K-12-019-B) on the cashiers check or money order. **Note: TSBP will not accept partial payments. You must submit payment for the full amount by the due date.**

ADDITIONAL MATTERS REGARDING PHARMACIST LICENSE

Preceptor Restriction:

You may not serve as a preceptor in Texas, as explained below. TSBP Rule 283.6(c) states, in part:

"No pharmacist may serve as a preceptor if his or her license to practice pharmacy has been the subject of an order of the board imposing any penalty set out in the Act,

RECEIVED

NOV 26 2012

Theresa Irene Romo, R.Ph.
Amerita Inc.
November 19, 2012
Page 2

§565.051, during the period he or she is serving as a preceptor or within the three-year period immediately preceding application for approval as a preceptor."

Accordingly, you may not serve as a preceptor until three years after the termination of all sanctions. Please note that TSBP Rule 283.6(c) also allows you to petition TSBP in writing for approval to act as a preceptor. However, until such petition is granted, you may not serve as a preceptor beginning November 6, 2012, and ending February 4, 2016.

Renewal Applications:

Prior to the next expiration date of your pharmacist license, you will receive a license renewal application to complete and to return to the Texas State Board of Pharmacy. This application will require you to answer the question:

"Have you been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #K-12-019-A, you must answer "yes" to this question for 36 months from the termination of all sanctions. Consequently, you must answer "yes" to this question on any renewal applications submitted beginning November 6, 2012, and continuing until February 4, 2016.

ADDITIONAL ACTIONS AGAINST PHARMACY LICENSE

Renewal Applications:

Prior to the next expiration date of pharmacy license number 25370, the pharmacy will receive a license renewal application to complete and to return to the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

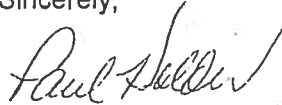
"Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #K-12-019-B, Amerita Inc., must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, a Amerita Inc., representative must answer "yes" to this question on any renewal applications submitted beginning November 6, 2012 and ending February 4, 2016.

Theresa Irene Romo, R.Ph.
Amerita Inc.
November 19, 2012
Page 3

If you have any questions about these Orders, please contact me at (512) 305-8039.

Sincerely,



E. Paul Holder, R.Ph., MSc, Pharm.D.
Assistant Director of Enforcement

PH:mrh

Enclosures: Agreed Board Order #K-12-019-A
Agreed Board Order #K-12-019-B

c: Bradley W. Howard
Brown & Fortunato, P.C.
905 South Fillmore, Suite 400
Amarillo, TX 79105

Kerstin Arnold
General Counsel

S:\ENFORCE\ABO COVER LETTERS\Public (RPh, Phy)\RomoT_AmeritaIncPhy.cov

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

State of Incorporation: DE
Parent Company if any: Pharmacy Corporation of America
Corporation Name: Amerita, Inc.
Mailing Address: 20 Fairbanks, Suite 175
City: Irvine State: CA Zip: 92618
Telephone: 949-273-6528 Fax: 949-273-6547
Contact Person: James Baker

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) N/A - shares not issued to individuals
Name Address
 - b) _____
Name Address
 - c) _____
Name Address
 - d) _____
Name Address
- 2) Provide the number of shares issued by the corporation. _____
- 3) What was the price paid per share? _____
- 4) What date did the corporation actually receive the cash assets? _____
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

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, James E. Baker

Responsible Person of Amerita, Inc., DBA Saffa Infusion Pharmacy

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

James E. Baker, CFO

Print Name of Authorized Person

2/15/2013
Date

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

New Dispensing Location ☒

Address Change ☐ (Requires Fee and New Application)

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice?

☐ Yes ☒ No

I will be dispensing ☒ controlled substances ☐ dangerous drugs or ☐ both. Must check a box.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: Karen Middle: Frances Last: Arcotta Degree: MD

Practice Name (if any): Unicorn Health Services LLC

Nevada Address: 6830 So. Rainbow Blvd. Ste #130 Suite #: 130

(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____ Sex: ☐ M or ☒ F

E-mail address: @yahoo.com Date of Birth: _____

City: Las Vegas State: NV Zip Code: 89118

Nevada Work Telephone: (702) 227-1916 Nevada Fax: (702) 256-7656

Practitioner License Number: NV 4896 Specialty: Internal Medicine

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

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

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:
	<u>NV</u>	<u>09/22/11</u>	<u>11-5972-1</u>

Criminal Action:	State	Date:	Case #:	County	Court
	<u>NV</u>	<u>03/16/11</u>	<u>09M48738X</u>	<u>CLARK</u>	<u>LV Justice Court</u>

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Original Signature, no copies or stamps accepted. Karen F. Arcotta Date 1-4-13

Board Use Only	Received: <u>1-16-13</u>	Amount: <u>300.00</u>	Entity#: <u>62183</u>
----------------	--------------------------	-----------------------	-----------------------

Include with the Application for Authority to Dispense Drugs

Practitioner Dispensing
Controlled Substance Waiver Form

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: Karen F. Arcotta, MD

Address: 6830 So. Rainbow Blvd. Suite 130

City: Las Vegas State: NV Zip: 89118

Telephone: (702) 227-1916

☒ I will be dispensing controlled substances at the address listed above and I understand that I am required and submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

☐ I will not be dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license.

By signing and dating this waiver form, I certify that the information provided is true.

Karen F. Arcotta
Original Signature of Dispensing Practitioner

1-1-13
Date



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

January 22, 2013

Karen Arcotta, MD
Unicorn Health Services
6830 S Rainbow Blvd #130
Las Vegas, NV 89118

Dear Dr. Arcotta:

We are in receipt of your application for authority to prescribe and dispense controlled substances.

After review of the applications, it has been determined you will be required to personally appear before the board at a regularly scheduled board meeting for their consideration to approve or deny your licensure for a controlled substance registration and practitioner dispensing registration.

Please send the enclosed schedule for the board meetings in 2013. Please contact me by the deadline date to schedule an appearance.

If you have any questions, please feel free to contact me in the Reno office.

Sincerely,

A handwritten signature in cursive script that reads "Candy M Nally".

Candy M. Nally
Licensing Specialist

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

(This application can not be used by PA's or APN's)
CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order or cashier's check only, no cash)

First: Todd Middle: Joseph Last: Krempel Degree: DNS
Practice Name (if any): Todd J. Krempel DNS
Nevada Address: 8811 West Sahara Ave Suite #: 100
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____
City: Las Vegas State: NV Zip Code: 89117
E-mail address: _____@Hotmail.com
Nevada Work Telephone: (702) 772-6649 Date of Birth: _____
Nevada Fax: (702) 255-6793 Sex: ☒ M or ☐ F
Practitioner License Number: 6174 Specialty: _____

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

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...				<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:					
Board Administrative Action:	State		Case #:		
<u>Revoked</u>	<u>NV</u>	<u>Re-instated 2011</u>	<u>11-01691</u>		
Criminal Action:					
<u>N/A</u>					

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.

Todd J. Krempel
Original Signature, no copies or stamps accepted.

3/8/2013
Date

Board Use Only

Received: _____ Amount: \$80.00 Entity# _____

NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF
DENTAL EXAMINERS,

Complainant,

vs.

TODD KREMPEL, DDS

Respondent,

CASE NO: 11-01691

PETITION

On JULY 15, 2011, Todd Krempel, DDS ("Respondent") entered into Stipulation II Agreement with the Nevada State Board of Dental Examiners. Pursuant to Paragraph 7(A)(v) which states; *One (1) year from adoption of the Stipulation II Agreement, assuming Respondent is in compliance with all other terms and conditions of Stipulation II, Respondent may petition the Board to request the Board approved the reinstatement of his DEA license and Nevada Pharmacy license subject to the approval of DEA and the Nevada Pharmacy Board.*

On SEPTEMBER 20, 2012, Respondent petitioned and appeared before the Board in proper person at the properly noticed meeting. After discussion, motion (Board Member Pinther) and second (Board Member Kinard) the Board voted unanimously for the reinstatement of Respondent's DEA and Nevada Pharmacy license subject to the approval from DEA and the Nevada Pharmacy Board.

DATED this 16th day of October, 2012

NEVADA STATE BOARD OF DENTAL EXAMINERS

Nevada State Seal


JADE A MILLER, DDS, PRESIDENT

1 BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS

2 NEVADA STATE BOARD OF DENTAL
3 EXAMINERS,

STIPULATION AGREEMENT II
CASE NO. 11-01691

4 Complainant,

5 vs.
6

7 TODD KREMPEL, DDS

8
9 Respondent.

10
11 IT IS HEREBY STIPULATED AND AGREED by and between TODD KREMPEL,
12 DDS

13 (hereafter "Respondent"), in proper person, and the NEVADA STATE BOARD OF DENTAL
14 EXAMINERS (hereafter "Board"), by and through the Board's legal counsel, JOHN A HUNT,
15 ESQ., of the law firm of Raleigh & Hunt, PC. do hereby stipulate and agree:
16

17 1. On January 15, 2009, Respondent was given notice of the entry of the findings of fact,
18 conclusions of law of the Board's decision regarding the formal hearing held by the Board on
19 October 30, 2008 wherein Respondents license was revoked. Attached hereto at Exhibit #1.

20
21 2. As result of the Board ordered the following:

22 " 1. IT IS FURTHER ORDERED, pursuant to the above-referenced Stipulation
23 approved March 13, 2008 (Exhibit 7) and also N.R.S. § 631.350(1)(b), Dr. Krempel's
license to practice dentistry in the State of Nevada be and is hereby revoked.

24 2. IT IS FURTHER ORDERED that Dr. Krempel reimburse the Board all costs,
25 including investigative and attorney's fees, incurred by Board in connection with the
26 above-captioned matter. See NRS 622.400. The Board's staff is directed to tally the
costs and fees and to advise Dr. Krempel of the total amount due for such costs and fees.

1 3. **IT IS FURTHER ORDERED**, pursuant to N.R.S. § 631.350(1)(c), that Dr.
2 Krempel pay a fine to the Board of ONE THOUSAND and XX/100 DOLLARS
(\$1,000.00).

3 4. **IT IS FURTHER ORDERED** that Dr. Krempel shall reimburse any and all
4 patients monies owed them, including but not necessarily limited to, those patients who
have pre-paid for services to be rendered by Dr. Krempel but that said services have not
5 been performed/provided.

6 5. **IT IS FURTHER ORDERED** that Dr. Krempel shall provide patients their
respective dental records and other file documents as either earlier requested or upon
7 request.

8 6. **IT IS FURTHER ORDERED** that after one (1) year from October 30, 2008, Dr.
Krempel may apply for licensure provided he has accomplished the following:

9 A. Reimbursed the Board all costs, including investigative and attorney's fees,
incurred by Board in connection with the above-captioned matter, as more fully
10 noted above.

11 B. Paid the \$1,000.00 fine to the Board, as more fully noted above.

12 C. Reimbursed any and all patients monies owed them, including but not necessarily
limited to, those patients who have pre-paid for services to be rendered by Dr.
Krempel but that said services have not been performed/provided, as more fully
13 noted above.

14 D. Provided patients their respective dental records and other file documents, as
more fully noted above.

15 E. Attend and complete a drug rehabilitation program approved by the Board."

16 3. Since revocation, Respondent of complied with all of the terms and conditions set forth in
17 the Order of Revocation. Such compliance pursuant to the Order of Revocation permitted
18 Respondent to submit an application for licensure.
19

20
21 4. On June 1, 2011, Respondent submitted an application for licensure pursuant to NRS
22 631.240 to practice dentistry in the State of Nevada.
23

24
25 5. On July 8, 2011, Respondent received written notification the application for licensure
26

1 pursuant to NAC 631.050(2)(b) was rejected and Respondent may petition the Board to have the
2 application considered at a properly noticed meeting.
3

4
5 6. On July 11, 2011, Respondent pursuant to NAC 631.050(3), petitioned the Board to have
6 his application considered for a license to practice dentistry in the State of Nevada.
7

8 7. On July 15, 2011 at a properly noticed meeting the Board after considering Respondent's
9 petition the Board and Respondent agreed Respondent would be granted a license to practice
10 dentistry in the State of Nevada pursuant to the following terms and conditions:
11

12
13 A. Respondent agrees pursuant to NRS 631.350(d) and (h), Respondent shall be placed
14 on probation for a period of five (5) years. The terms and conditions of the probation
15 shall be reportable to the National Practitioners Data Bank. Respondent's practice
16 shall be supervised and monitored pursuant to the following terms and conditions
effective upon adoption of this Stipulation II by the Board:

17 i. During the five (5) year probation/supervisory period,
18 Respondent shall allow either the Executive Director of the
19 Board and/or an agent appointed by the Board's Executive
20 Director to inspect Respondent's records to ensure
21 compliance with this Stipulation II. Such inspections shall be
performed, without notice, during normal business hours.

22 ii. During the probationary period the agent assigned by the Executive
23 Director duties shall include, but not be limit to having unrestricted
24 access to patient records and observe Respondent performing
25 treatments during normal business hours. During the probationary
26 period the agent assigned by the Executive Director duties shall also
include, but will not be limited to contacting patients who have

1 received treatments. In the event the Board=s Executive
2 Director has substantial evidence to believe Respondent has
3 refused to allow the agent assigned by the Board to have
4 unrestricted access to patient records or Respondent prevents the
5 Board's agent from observing Respondent performing treatments
6 during normal business the Executive Director without any further
7 hearing or action by the Board, shall issue an Order of Revocation
8 of Respondent's license to practice dentistry in the State of Nevada.
9 Respondent irrevocably waives any right to petition the Board to
10 reinstate Respondent's revoked license. Respondent shall also be
11 responsible for any costs or attorney's fees incurred in the event the
12 Board has to seek injunctive relief to prevent Respondent from
13 practicing dentistry subsequent to the Executive Director's Order of
14 Revocation. Respondent waives any right to seek judicial review
15 from either the Nevada Federal District Court or the Nevada State
16 District Court to reinstate his privilege to practice dentistry in the
17 State of Nevada.

18
19 iii. Currently Respondent acknowledges he does not process
20 either a United States DEA license or a Nevada State
21 Pharmacy. In the event the Board=s Executive Director has
22 substantial evidence to believe Respondent has issued a
23 prescription for either a either Class II, Class IIN, Class III,
24 Class IIN, Class IV, and Class V controlled substance prior
25 to reinstatement of his DEA and Nevada Pharmacy Licenses
26 the Executive Director without any further hearing or action by the
27 Board, shall issue an Order of Revocation of Respondent's license
28 to practice dentistry in the State of Nevada. Respondent irrevocably
waives any right to petition the Board to reinstate Respondent's
revoked license. Respondent shall also be responsible for any costs
or attorney's fees incurred in the event the Board has to seek
injunctive relief to prevent Respondent from practicing dentistry
subsequent to the Executive Director's Order of Revocation.
Respondent waives any right to seek judicial review from either the
Nevada Federal District Court or the Nevada State District Court to
reinstate his privilege to practice dentistry in the State of Nevada.

iv. Until such time as Respondent's DEA and Nevada Pharmacy
Licenses are reinstated authorizing him to issue either Class
II, Class IIN, Class III, Class IIN, Class IV, and Class V

1 controlled substances, Respondent shall maintain a daily log
2 of any prescriptions issued to any of Respondent=s patients for
3 controlled substances by other Nevada licensed dentist who
4 process a current DEA and Nevada Pharmacy License. The
5 daily prescription log shall include the following information
6 and shall be submitted to the Executive Director of the Board
7 on the first day of each month during the probationary period:

- 8 (a) patient=s name;
9 (b) date of issuance;
10 (c) name of dentist who issued prescription;
11 (d) units and amount of controlled substance issued; and
12 (e) reason for issuing the controlled substance.

13 Respondent shall maintain triplicate, serially numbered
14 prescriptions forms, which have been inspected and pre-
15 approved by the Executive Director. A copy of the
16 prescription issued shall be attached to the daily prescription
17 log.

18 The daily log shall be made available during normal business hours
19 without notice. Failure to maintain and/or provide the daily log
20 upon request by an agent of the Board shall be an admission of
21 unprofessional conduct. Upon receipt of substantial evidence that
22 Respondent has either failed to maintain or has refused to provide
23 the daily log upon requested by an agent the agent assigned by the
24 Executive Director without any further hearing or action by the
25 Board, shall issue an Order of Revocation of Respondent's license
26 to practice dentistry in the State of Nevada. Respondent irrevocably
27 waives any right to petition the Board to reinstate Respondent's
28 revoked license. Respondent shall also be responsible for any costs
or attorney's fees incurred in the event the Board has to seek
injunctive relief to prevent Respondent from practicing dentistry
subsequent to the Executive Director's Order of Revocation.
Respondent waives any right to seek judicial review from either the
Nevada Federal District Court or the Nevada State District Court to
reinstate his privilege to practice dentistry in the State of Nevada.

1
2 v. One (1) year from the adoption of this Stipulation II,
3 assuming Respondent is in compliance with all of the terms
4 and conditions of this Stipulation II, Respondent may petition
5 the Board to request the Board approve the reinstatement of
6 Respondent's DEA and Nevada Pharmacy Licenses subject to
7 the approval of the DEA and Nevada Pharmacy Board.

8 vi. Upon Respondent's DEA and Nevada Pharmacy Licenses
9 being reinstated to issue Class II, Class IIN, Class III, Class
10 IIIN, Class IV, and Class V controlled substances, Respondent
11 for the duration of the probationary period shall maintain a
12 daily log for any prescriptions issued to any of Respondent's
13 patients. The daily prescription log shall include the
14 following information and shall be submitted to the Executive
15 Director of the Board on the first day of each month during the
16 probationary period:

- 17 (a) patient's name;
18 (b) date of issuance;
19 (c) units and amount of controlled substance issued; and
20 (d) reason for issuing the controlled substance.

21 Respondent shall maintain triplicate, serially numbered
22 prescriptions forms, which have been inspected and pre-
23 approved by the Executive Director. A copy of the
24 prescription issued shall be attached to the daily prescription
25 log.

26 The daily log shall be made available during normal business hours
27 without notice. Failure to maintain and/or provide the daily log
28 upon request by an agent of the Board shall be an admission of
unprofessional conduct. Upon receipt of substantial evidence that
Respondent has either failed to maintain or has refused to provide
the daily log upon requested by an agent the agent assigned by the
Executive Director without any further hearing or action by the
Board, shall issue an Order of Revocation of Respondent's license
to practice dentistry in the State of Nevada. Respondent irrevocably
waives any right to petition the Board to reinstate Respondent's

1 revoked license. Respondent shall also be responsible for any costs
2 or attorney's fees incurred in the event the Board has to seek
3 injunctive relief to prevent Respondent from practicing dentistry
4 subsequent to the Executive Director's Order of Revocation.
5 Respondent waives any right to seek judicial review from either the
6 Nevada Federal District Court or the Nevada State District Court to
7 reinstate his privilege to practice dentistry in the State of Nevada.

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vii. During the five (5) year probationary period, Respondent agrees to
submit to random sampling of urine, hair and/or bodily fluids for
illegal or non prescribe controlled substances when so ordered by
the Executive Director of the Board. Respondent shall be
responsible for the costs incurred for the analysis of urine, hair
and/or bodily fluids. In the event the Board's Executive Director
has substantial evidence that Respondent has failed to submit to a
the random drug testing within twelve (12) hours of being served
with an ordered by the Executive Director or Respondent tests
positive for illegal or non prescribed controlled substances the
Executive Director without any further hearing or action by the
Board, shall issue an Order of Revocation of Respondent's license
to practice dentistry in the State of Nevada. Respondent irrevocably
waives any right to petition the Board to reinstate Respondent's
revoked license. Respondent shall also be responsible for any costs
or attorney's fees incurred in the event the Board has to seek
injunctive relief to prevent Respondent from practicing dentistry
subsequent to the Executive Director's Order of Revocation.
Respondent waives any right to seek judicial review from either the
Nevada Federal District Court or the Nevada State District Court to
reinstate his privilege to practice dentistry in the State of Nevada.

viii. In the event Respondent no longer practices dentistry in the State
of Nevada prior to completion of the probationary period, the
probationary period shall be tolled. In the event the probationary
period is tolled because Respondent does not practice in the State
of Nevada and the terms and conditions of this Stipulation II are
not satisfied within six (6) years of adoption of this Stipulation II
by the Board, Respondent agrees his license to practice dentistry in
Nevada shall will be deemed revoked. Thereafter the Board's
Executive Director without any further action or hearing by the
Board shall issue an Order of Revocation and report same to the

1 National Practitioners Data Bank.

2
3 ix. Respondent, agrees to reimburse the "Board" for the cost of
4 preparing this Stipulation II and the anticipated cost of monitoring
5 Respondent practice during the five (5) year probationary period in
6 the amount of Five Thousand (\$5,000.00) Dollars to be paid as
7 follows:. One Thousand (\$1,000.00) within ninety (90) days of
8 adoption of this Stipulation Agreement by the Board. The
9 remaining \$4,000,00 shall be paid in increments of \$1,000.00
10 payable of the annual anniversary date of the adoption of this
11 Stipulation II. All payments shall be physically delivered to the
12 Board on the given due dates.

13
14 x. In the event Respondent defaults on any of the payments set forth
15 in Paragraph 7(A)(x), Respondent agrees his license to practice
16 dentistry in the State of Nevada may be automatically be suspended
17 without any further action of the Board other than issuance of an
18 Order of Suspension by the Executive Director. Respondent agrees
19 to pay a liquidated damage amount of Twenty Five Dollars (\$25.00)
20 for each day Respondent is in default on the payment(s) of any of
21 the amounts set forth in Paragraph 7(A)(x) upon the issuance of the
22 Order of Suspension. In addition to the liquidated damage amount
23 of Twenty Five Dollars (\$25.00) for each day Respondent is in
24 default on the payment(s) of any of the amounts set forth in
25 Paragraph 7(A)(x), Respondent pursuant to NAC 631.029 shall pay
26 a reinstatement fee of two hundred (\$200.00) dollars. Upon curing
27 the default of the applicable defaulted paragraph, Respondent's
28 license to practice dentistry in the State of Nevada will
automatically be reinstated by the Executor Director of the Board,
assuming there are no other violations of any of the provisions
contained in this Stipulation. Respondent shall also be responsible
for any costs or attorney's fees incurred in the event the Board has
to seek injunctive relief to prevent Respondent from practicing
dentistry during the period in which his license is suspended.
Respondent agrees to waive any right to seek injunctive relief from
either the Nevada Federal District Court or the Nevada State
District Court to reinstate his license prior to curing any default on
the amounts due and owing.

xi. In the event, Respondent fails to cure any defaults in payment
within forty-five (45) days of the default, Respondent agrees the

1 amount may be reduced to judgment.

2
3 xii. Respondent waives any right to have the amount owed pursuant to
4 Paragraph 7 discharged in bankruptcy.

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CONSENT

8. Respondent has read all of the provisions contained in this Stipulation II Agreement and agrees with them in their entirety.

9. Respondent is aware by entering into this Stipulation II Agreement he is waiving certain valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and NAC 233B.

10. Respondent expressly waives any right to challenge the Board for bias in deciding whether or not to adopt this Stipulation II Agreement in the event this matter was to proceed to a full Board hearing.

11. Respondent and the Board agree any statements and/or documentation made or considered by the Board during any properly noticed open meeting to determine whether to adopt or reject this Stipulation Agreement are privileged settlement negotiations and therefore such statements or documentation may not be used in any subsequent Board hearing or judicial review, whether or not judicial review is sought in either the State or Federal District Court.

12. Respondent acknowledges he has read the Stipulation II Agreement. Respondent acknowledges he has been advised he has the right to have this matter reviewed by independent counsel and he has had ample opportunity to seek independent counsel. Respondent has been specifically informed he should seek independent counsel and

1 advice of independent counsel would be in Respondent's best interest. Having been
2 advised of his right to independent counsel, as well as had the opportunity to seek
3 independent counsel, Respondent hereby acknowledges, by his own free will, he is
4 consenting to the Stipulation II Agreement without independent counsel. _____
5

6 13. Respondent acknowledges he is consenting to this Stipulation II Agreement voluntarily,
7 without coercion or duress and in the exercise of his own free will.
8

9 14. Respondent acknowledges no other promises in reference to the provisions contained in
10 this Stipulation II Agreement have been made by any agent, employee, counsel or any person
11 affiliated with the Nevada State Board of Dental Examiners.
12

13 15. Respondent acknowledges the provisions in this Stipulation II Agreement contain the
14 entire agreement between Respondent and the Board and the provisions of this Stipulation can
15 only be modified, in writing, with Board approval.
16

17 16. Respondent agrees in the event the Board adopts this Stipulation II Agreement he hereby
18 waives any and all rights to seek judicial review or otherwise to challenge or contest the validity
19 of the provisions contained in the Stipulation.
20

21 17. Respondent and the Board agree none of the parties shall be deemed the drafter of this
22 Stipulation II Agreement. In the event this Stipulation II Agreement is construed by a court of
23 law or equity, such court shall not construe this Stipulation II Agreement or any provision hereof
24 against any party as the drafter of the Stipulation II Agreement. The parties hereby acknowledge
25 all parties have contributed substantially and materially to the preparation of this Stipulation II
26 Agreement.
27

28 18. Respondent specifically acknowledges by his signature herein and by his initials at the

TK
TK

1 bottom of each page of this Stipulation II Agreement, he has read and understands its terms and
2 acknowledges he has signed and initialed of his own free will and without undue influence,
3 coercion, duress, or intimidation.

4
5 19. Respondent acknowledges in consideration of execution of this adopted Stipulation II
6 Agreement, Respondent hereby releases, remises, and forever discharges the State of Nevada, the
7 Board, and each of their members, agents, and employees in their individual and representative
8 capacities, from any and all manner of actions, causes of action, suits, debts, judgments,
9 executions, claims, and demands whatsoever, known and unknown, in law or equity, that
10 Respondent ever had, now has, may have, or claim to have against any or all of the persons or
11 entities named in this section, arising out Respondent's petition for licensure.

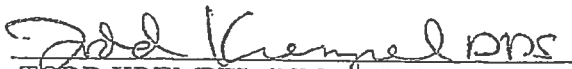
12 20. Respondent acknowledges in the event the Board adopts this Stipulation II Agreement,
13 this Stipulation may be considered in any future Board proceeding(s) or judicial review, whether
14 such judicial review is performed by either the State or Federal District Court(s).

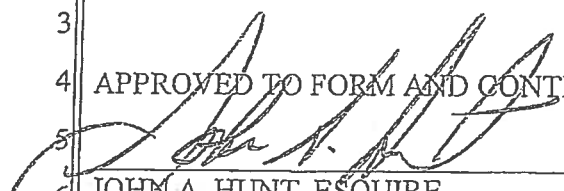
15
16 21. This Stipulation II Agreement will be considered by the Board in an open meeting. It is
17 understood and stipulated the Board is free to accept or reject the Stipulation II Agreement and,
18 if the Stipulation II Agreement is rejected by the Board, further disciplinary action may be
19 implemented. This Stipulation II Agreement will only become effective when the Board has
20 approved the same in an open meeting. Should the Board adopt this Stipulation II Agreement,
21 such adoption shall be considered a final disposition of a contested case and will become a public
22 record and shall be reported to the National Practitioners Data Bank.

23
24
25 DATED this 15th day of July, 2011.
26
27

28 TK
TK

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TODD KREMPEL, DDS
Respondent

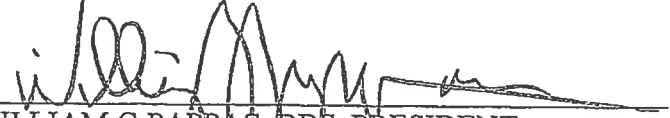

APPROVED TO FORM AND CONTENT
JOHN A. HUNT, ESQUIRE
Raleigh & Hunt, PC
Board Counsel

This foregoing Stipulation Agreement was:

Approved X Disapproved _____

by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting.

DATED this 15TH day of JULY, 2011.


WILLIAM G PAPPAS, DDS, PRESIDENT
NEVADA STATE BOARD OF DENTAL EXAMINERS

Licensee Search

Licensee Search Details:

Full Name	Todd J Krempel, DDS
Address	W Sahara Ave, Suite
City/State/Zip	Las Vegas, NV 89117
Office Phone	
Graduated From	Marquette University
Graduation Date	06/01/1990
License Number	6174
License Date	07/15/2011
Status	Active
Expiration Date	06/30/2013
Specialty License Number	
Specialty License Date	
Last Board Action	<u>03/13/2008</u>
	<u>10/30/2008</u>
	<u>07/15/2011</u>

needs to appear



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

February 25, 2013

Dorian Lange
511 Hale St
Eaton Rapids, MI 48827

Dear Mr. Lange:

We are in receipt of your application for reciprocity as a pharmacist. On the application, you answered, "I have" to question 2 & 3. Please see copy of enclosed application.

Please provide the Nevada State Board of Pharmacy with an explanation and/or documents to above question.

If you have any questions or I can be of further assistance, please feel free to contact me.

Sincerely,

Candy M Nally

Candy M. Nally
Licensing Specialist

enclosure



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

APPLICATION BY RECIPROCATATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: DORIAN Middle: NORSE Last: LANGE

Mailing Address: HALE STREET

City: EATON RAPIDS State: MI Zip Code: 48827

Telephone: 517-242-3571 E-mail Address: @LIVE.COM

Date of Birth: _____ Place of Birth: TOKYO, JAPAN

Social Security Number: _____ Sex: ☒ M or ☐ F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: MICHIGAN Date of Issuance: 1976

ID # 5302022688
College of Pharmacy Information

Graduation Date: 05/21/1976
(mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: FERRIS STATE UNIVERSITY

Location of School: BIG RAPIDS, MICHIGAN

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION.
You also need to complete the college of pharmacy information

Board Use Only

Received: FEB 14 2013 Amount: 330.00 Entity #: 62406

Laws _____ MPJE _____



"Official Spartan™ Fan"

MICHIGAN STATE
UNIVERSITY™

3/3/2013

Ms. Nally,

Please find enclosed the documents pertaining to questions 2 & 3 of my pharmacist's application.

I apologize for the omission previously but I think there is a typo on the application. It asks for "expiration" of documents so I thought you wanted a copy of my license.

Please let me know if you need anything else.

Sincerely,

Orion Long
(577)



Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
CA	37814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if needed

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....					
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....					
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....					
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....					
If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:					
Board Administrative Action:	State		Case #:		
PROBATION	CA		Ac 4119		
Criminal Action:	State		Court		
	/ /				

FEDERALLY MANDATED REQUIREMENTS

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

4. Are you the subject of a court order for the support of a child?..... Yes ☒ No ☐
4a. If you marked Yes, to the question 4, are you in compliance with the court order?..... Yes ☒ No ☐

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 attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.


Original Signature, no copies or stamps accepted


Date

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH L2049865

BOARD OF PHARMACY
REGISTERED PHARMACIST
LICENSE

DORIAN N LANGE

PERMANENT I.D. NO.

EXPIRATION DATE

5302022688

06/30/2013

2909403

THIS DOCUMENT IS DULY ISSUED
UNDER THE LAWS OF THE STATE
OF MICHIGAN.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH L2049864

BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE VALID ONLY IF PROFESSIONAL LICENSE IS ACTIVE

DORIAN N LANGE

PERMANENT I.D. NO.

EXPIRATION DATE

5302022688

06/30/2013

2908884

THIS DOCUMENT IS DULY ISSUED
UNDER THE LAWS OF THE STATE
OF MICHIGAN.



California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

January 11, 2013

Dorian Lange
511 Hale St
Eaton Rapids, MI 48827

RE: Case AC 4119

Dear Mr. Lange,

This letter is in regard to the above referenced disciplinary action and your letter received January 2, 2013 wherein you requested the surrender of your license. Your request has been accepted. You are no longer subject to the terms and conditions of probation. Please be aware that this surrender constitutes a record of discipline and shall become a part of your license history with the board.

Pursuant to term 11 of the terms and conditions of your probation, upon acceptance of the surrender, you shall relinquish your license to the Board within 10 days of notification by the Board that the surrender is accepted. **Please submit your license to the Board office by January 21, 2013.**

Additionally, pursuant to term 11 of your probation, you may not reapply for any license from the Board for three years from the effective date of the surrender, namely January 7, 2013. You shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board.

Please feel free to contact me at (916) 574-7941, if you have questions regarding this matter.

Sincerely,

Virginia K. Herold
Executive Officer

By

A handwritten signature in cursive script that reads "Tina Thomas".

Tina Thomas
Enforcement Analyst

California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Pursuant to the hearing before the Board on December 19, 2012 regarding Case No. AC 4119, Pharmacist License No. RPH 378814, I hereby submit the Application for Voluntary Surrender of Pharmacist License.

As I testified at the hearing on December 19th, I fully realize my responsibilities as a pharmacist and the laws pertaining to a pharmacist's license in the State of California. However, as I reside in Michigan and do not practice pharmacy in California, the terms of probation, which I understand are standard for the violation, cannot be exercised without employment as a pharmacist in the State of California. I do understand that I can reapply for my license after 3 years from the effective date of the surrender and that I shall meet all the requirements applicable to the license at that time.

While I do not intend to practice pharmacy again in California, I would like to again explain that my actions regarding Case No. AC 4119 was not in any way intended to violate any laws applicable to my license. At the time, I had the two prescriptions ordered by the purchasing clerk at Pharmacy Advantage, I had just began my position there as Director of Operations and was not aware that this LTC pharmacy could not fill employee prescriptions. Additionally, the medications in this case, a birth control pill for my daughter and generic Propecia was ordered in the wrong strength and was returned to the overstock department. I reported this matter to the CEO of the company, Greg Light, and asked that the policy be changed to be able to fill employee prescriptions. For various reasons, the company was not willing to do that. At no time did I receive a written reprimand or warning. My review of my performance while employed there was outstanding.

Additionally, the complaint against me was filed many months later by the same purchasing clerk that at the time was being reprimanded for excessive absences and other personnel issues. In short, this complaint was in fact retaliation against me as her supervisor. However, to pursue this matter legally would have taken much time and finances, hence I decided not to do so.

Regardless of the above, I am fully aware that the law is the law. I have employed hundreds of pharmacists in my career and have had many leadership roles in the profession. I have been and remain very proud of my profession and I sincerely regret that this incident occurred to tarnish my reputation.

I humbly request that the Board accept my request for surrender of my license. I would also ask that this letter be a permanent part of my record.

Respectfully,

Dorian N. Lange, R.Ph.,MBA

Eaton Rapids, Michigan 48827



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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

November 2, 2012

CERTIFIED MAIL

Dorian Lange
532 Sherbrook
Commerce TWP, MI 48827

RE: Administrative Case No. 4119

Dear Mr. Lange:

Attached is the Board of Pharmacy's Decision and Order regarding the above-referenced matter. Your attention is directed to pages 3-11 of the decision.

Effective December 3, 2012, Pharmacist License No. RPH 37814, issued to Dorian Lange is revoked; however, said revocation is stayed, and your license is placed on probation for three years, from December 3, 2012 through December 2, 2015, inclusive.

You will be scheduled to appear before representatives of the Board of Pharmacy. The purpose of your appearance is to explain to you the terms and conditions of your probation and your responsibilities as a probationer. The Board will contact you regarding the date of your appearance.

Upon successful completion of the 3-year probation period, or extension thereof, your license to work as a pharmacist will be fully restored. However, upon violation or failure to comply with any of the terms and conditions of this stay, the Board of Pharmacy may, after notice and opportunity to be heard is given to you, vacate the stay and re-impose the revocation, or take other action as it deems appropriate.

If you have any questions concerning this matter, you may contact Tina Thomas, Enforcement Analyst, at (916) 574-7941.

Sincerely,

VIRGINIA K. HEROLD
Executive Officer

By


Susan Cappello
Enforcement Manager

SC:lc
Enclosure

cc: Karen R. Denvir, DAG
Adam G. Slote, Esq.

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 4119

DORIAN NORSE LANGE

532 Sherbrook
Commerce Twp, MI 48382

Pharmacist License No. RPH 37814

Respondent.

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on December 3, 2012.

It is so ORDERED on November 2, 2012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STANLEY C. WEISSER
Board President

EXECUTIVE SECRETARY REPORT – APRIL, 2013

A) FINANCIAL REPORT

B) TEMPORARY LICENSES

C) STAFF ACTIVITIES

- i. Presentations: Southern Nevada Dental Society (3/12); RPD (4/10); LV Physicians (5/1)

D) REPORT TO BOARD

- i. Legislative update

E) BOARD RELATED NEWS

- i. HOPES Flyers
- ii. NABP Participation in PCAB

F) ACTIVITIES REPORT

KAEMPFER

CROWELL

ATTORNEYS AT LAW

**KAEMPFER CROWELL RENSHAW
GRONAUER & FIORENTINO**

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March 18, 2013 Legislative Update

As we pass day 40 of the 120 day Nevada Legislature, lawmakers have passed exactly 3 of the 594 bills they have introduced so far. And with today marking the deadline for legislator bill draft introductions, many more bills will be introduced to occupy the remaining days.

In addition to the one-third mark, Legislators also marked the passing of day 40 by taking no action on IP-1, the Teachers' Margin Tax. Because of the language in the Constitution requiring action by day 40, IP-1 will now head to the 2014 ballot. Questions now arise about how, or even if, the Legislature can present an alternative (Nevada's Neros fiddle while the margins tax burns | Ralston Reports). With Governor Sandoval saying he will not support a tax increase and the near impossibility of the Legislature passing and then overriding a veto, the path to new revenue seems problematic at best.

The sad saga of Steven Brooks is back in front of the Legislature, as Mr. Brooks challenges his suspension (Brooks asks NV Supreme Court to give him a seat at Legislature - LV Sun News). The Legislature has hired its special counsel, and is expected to convene the select committee as soon as this week to consider the possible expulsion of Brooks.

The Brooks affair, along with recent national tragedies, has the Legislature considering Nevada's gun laws, with proposals at both ends of the spectrum. (Bill would tax gun sales to benefit mental health | LV Review-Journal) (Legislature considered gun issues- LV Review Journal). Lawmakers are also considering a bill mandating DNA sample collection from persons arrested for felony crimes. The same bill was killed in the final hours of last session. Both subjects will bring out strong emotions and test the bipartisanship of members.

Legislative leaders have begun the "core group" meetings that signal serious work is underway on the budget, with the major differences in education funding between the Governor's budget and the Democratic wish list taking center stage. The relative quiet of the past two weeks should rapidly be replaced by hearings and active work on bills as the deadlines for passing bills out of committees, and closing budget accounts in anticipation of passing the final budget, begin to loom large for lawmakers.

Upcoming Legislative Deadlines:

March 25- Committee Bill Introductions

April 2- Start Closing Budgets

April 12- First Committee Passage

911 Good Samaritan Laws: Preventing Overdose Deaths, Saving Lives

We are
the Drug
Policy
Alliance.

Overdose Deaths: A Growing National Epidemic

Overdoses nationwide nearly tripled between 1999 and 2009.¹ In 2009 (the latest year data is available), more than 30,000 people died from accidental drug overdose, resulting in more deaths than either HIV/AIDS or homicide.² Significant federal funding is directed toward preventing HIV/AIDS and homicide, but virtually no federal dollars are designated for overdose prevention.

Overdose deaths are almost as common as car crash fatalities. Overdose is second only to motor-vehicle accidents as a leading cause of injury-related death in the U.S.⁶ And in sixteen states, overdose leads car crashes.⁷ Considering how often the media reports on a fatality in a traffic accident, it is alarming that overdose is occurring at similarly high rates.

Nationally, more overdose deaths are caused by prescription drugs *than all illegal drugs combined*.⁴ Legal prescription opiates, such as Oxycontin and Vicodin, are driving the increase in overdose deaths nationally. Since 2002, prescription opiate overdose deaths have outnumbered both heroin and cocaine overdose deaths.⁵ Middle-aged Americans are the hardest hit by the overdose crisis. More people aged 35 to 54 died of drug overdose than in motor-vehicle accidents.⁸ Additionally, drug overdose is the number two injury-related killer among young adults ages 15-34.⁹

The tragedy is that many of these deaths could have been prevented.

Good Samaritan 911 Laws: A Practical Solution That Can Save Lives

The chance of surviving an overdose, like that of surviving a heart attack, depends greatly on how fast one receives medical assistance. Witnesses to heart attacks rarely think twice about calling 911, but witnesses to an overdose often hesitate to call for help or, in many cases, simply don't make the call. The most common reason people cite for not calling 911 is fear of police involvement. People using drugs illegally often fear arrest, even in cases where they need professional medical assistance for a friend or family member. The best way to encourage overdose witnesses to seek medical help is to exempt them from criminal prosecution, an approach often referred to as 911 Good Samaritan Immunity laws.

Risk of criminal prosecution or civil litigation can deter medical professionals, drug users and bystanders from aiding overdose victims. Well-crafted legislation can provide simple protections to alleviate these fears, improve emergency overdose responses, and save lives.

Multiple studies show that most deaths actually occur one to three hours after the victim has initially ingested or injected drugs.¹¹ The time that elapses before an overdose becomes a fatality presents a vital opportunity to intervene and seek medical help. However, "...It has been estimated that only between 10 percent and 56 percent of individuals who witness a drug overdose call for emergency medical services, with most of those doing so only after other attempts to revive the overdose victim (e.g., inflicting pain or applying ice) have proved unsuccessful."¹²

Furthermore, severe penalties for possession and use of illicit drugs, including state laws that impose criminal

charges on individuals who provide drugs to someone who subsequently dies of an overdose, only intensify the fear that prevents many witnesses from seeking emergency medical help.

Good Samaritan immunity laws provide protection from prosecution for witnesses who call 911. Laws encouraging overdose witnesses and victims to seek medical attention may also be accompanied by training for law enforcement, EMS and other emergency and public safety personnel.

Such legislation does not protect people from arrest for other offenses, such as selling or trafficking drugs. This policy protects only the caller and overdose victim from arrest and prosecution for simple drug possession, possession of paraphernalia, and/or being under the influence.

The policy prioritizes saving lives over arrests for possession.

A Growing National Movement to Prevent Overdose Fatalities

In State Legislatures: In 2007, New Mexico was the first state in the nation to pass 911 Good Samaritan legislation. Since then, nine more states – California, Colorado, Connecticut, Florida, Illinois, Massachusetts, New York, Rhode Island and Washington – as well as the District of Columbia, have passed such laws.

The US Conference of Mayors: In 2008, the United States Conference of Mayors unanimously adopted a resolution supporting 911 Good Samaritan policies that could save thousands of lives by encouraging medical intervention for drug overdoses before they become fatal.

On College Campuses: Today, 911 Good Samaritan policies are in effect on over 90 college campus throughout the country.

¹ CDC WONDER Compressed Mortality File, ICD-10 Groups: X40-X44

² U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS), "20 Leading Causes of Death, United States, 2006, All Races, Both Sexes"

³ CDC WONDER Compressed Mortality File, ICD-9 Groups: E850-E858

⁴ Paulozzi, L.J, Budnitz, DS, Xi, Y. Increasing deaths from opioid analgesics in the United States. *Pharmacoepidemiol Drug Safety* 2006; 15: 618-627.

⁵ Ibid.

⁶ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER – Compressed Mortality – Underlying Cause of Death, ICD-10 codes X40-44

⁷ States with more overdose deaths than car crash deaths in 2006 are: Massachusetts, New Hampshire, Rhode Island, Connecticut, New York, New Jersey, Maryland, Pennsylvania, Ohio, Michigan, Illinois, Colorado, Utah, Nevada, Oregon and Washington. Source: Stobbe M, "CDC: Drug deaths outpace crashes in more states," *The Associated Press*, September 30, 2009

⁸ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), "QuickStats: Motor-Vehicle Traffic and Poisoning Death Rates, by Age - United States, 2005-2006," July 17, 2009, 58(27): 753

⁹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS), "20 Leading Causes of Death, United States, 2006, All Races, Both Sexes"

¹⁰ Strang, J. Kelleher, M. Best, D. Mayet, S. Manning, V. "Preventing opiate overdose deaths with emergency naloxone: medico-legal consideration of new potential providers and contexts." Submitted to *British Medical Journal* 3 (16 September 2005).

¹¹ Davidson, Peter J. et al. "Witnessing heroin-related overdoses: the experiences of young injectors in San Francisco," *Addiction* 97 (December 2002): 1511.

¹² Tracy, Melissa, et. al. "Circumstances of witnessed drug overdose in New York City: Implications for intervention," *Drug and Alcohol Dependence* 79 (2005): 181-182.



Naloxone Facts

- As of 2010, there were more than 180 naloxone distribution programs operating in fifteen states and the District of Columbia.
- Some physicians and policymakers express concern that expanding access to naloxone will encourage additional risky behavior on the part of overdose victims, including failing to seek medical attention, using larger dosages after naloxone administration to counter the unpleasant effects of naloxone-induced withdrawal. Ongoing research does not support these claims:
 - European studies found no serious adverse effects and observed no increase in risky behavior associated with naloxone.
 - One study found that of people who inject heroin very few would use more heroin following administration of naloxone.
 - One study found that participants in naloxone programs reported no interest in increasing dosage or injecting more frequently as a result of naloxone availability.
- Naloxone's only effects are to reverse respiratory failure resulting from an opioid overdose and to cause uncomfortable withdrawal symptoms in the dependent user. It has no pharmacological effect if administered to a person who has not taken opioids and has no potential for abuse. It is impossible to overdose on naloxone.
- An evaluation of a program in New York City found that, of 122 participants trained and provided with naloxone, 71 (nearly 60 percent) reported using naloxone in response to an overdose, and 83 percent of those individuals who received care from program participants were successfully revived by naloxone.
- An evaluation of the Chicago Recovery Alliance program in which physicians prescribe naloxone through mobile vans, found that an estimated 10,211 people participated in the program and that 1,011 overdoses were reversed through naloxone administration as of December 2007. Chicago, which has experienced a 135 percent increase in heroin overdose deaths between 1996 and 2000, saw a 30 percent decline in opioid overdose deaths, from 466 in 2000 to 324 in 2003.
- San Francisco reported 148 heroin overdose reversals over three years (2004-06) as a direct result of its naloxone availability efforts. Overdose deaths in the city declined in 2004, while overdoses in the rest of California increased by 42 percent.

- Reported overdose deaths in New Mexico, which has had a chronically high drug-related death rate, have dropped by 20 percent since the state's Department of Health began a naloxone-distribution program in 2011.
- Advocates in some states are examining an alternative approach to increasing access to naloxone – changing the drug's FDA status from "prescription only" to "over the counter" (OTC). Given that it has little to no potential for misuse, naloxone could meet OTC standards, making this option worthy of further consideration.

Sources:

1) Expanding Access to Naloxone: Reducing Fatal Overdose, Saving Lives; Drug Policy Alliance New York; www.drugpolicy.org

<https://docs.google.com/folder/d/0B1pSUthdnbgCZnBhZWZQei1XVvE/edit?usp=sharing>

2) Preventing Overdose, Saving Lives: Strategies for Combating a National Crisis; Drug Policy Alliance New York; www.drugpolicy.org/overdose

<https://docs.google.com/folder/d/0B1pSUthdnbgCZnBhZWZQei1XVvE/edit?usp=sharing>

For additional articles please see:

<http://harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/>

<http://harmreduction.org/issues/overdose-prevention/tools-best-practices/naloxone-program-case-studies/>



Overdose Facts

- More than 100 people die everyday in the United States from a drug overdose.
- Overdose rates have tripled since 1990.
- More than 22,400 people died following an accidental drug overdose in 2005, the last year for which data are available. By comparison just over 17,000 homicides occurred in the same year.
- Nationally, accidental drug overdose deaths increased more than 400% between 1980-1999, and more than doubled between 1999-2005.
- Overdose is the number one injury-related killer among adults ages 35-54.
- Overdose is associated with the misuse or illegal diversion of prescription pharmaceuticals such as morphine, methadone, oxycodone, and hydrocodone as well with the illegal use of street drugs like heroin.
- Drug overdoses account for 9 out of 10 poisoning deaths, and more than 75 percent of drug overdoses are accidental.
- The number of deaths in the narcotics category that involved prescription opioid analgesics increased from 2,900 in 1999 to at least 7,500 in 2004, an increase of 160 percent in just five years. By 2004, opioid pain killer deaths numbered more than the total of deaths involving heroin and cocaine in this category.
- Heroin overdose in the U.S. is a preventable tragedy. Between 1995-2002 nationwide, heroin-related emergency room visits climbed from 69,556 to 93,519. One study placed the average annual mortality risk for heroin users at 2 percent, a rate between 6 and 20 times than that of their non-drug-using peers.
- Naloxone's only effects are to reverse respiratory failure resulting from an opioid overdose and to cause uncomfortable withdrawal symptoms in the dependent user. It has no pharmacological effect if administered to a person who has not taken opioids and has not potential for abuse. It is impossible to overdose on naloxone.

Sources:

1) Expanding Access to Naloxone: Reducing Fatal Overdose, Saving Lives; Drug Policy Alliance New York; www.drugpolicy.org

<https://docs.google.com/folder/d/0B1pSUthdnbgCZnBhZWZQei1XVke/edit?usp=sharing>

2) Preventing Overdose, Saving Lives: Strategies for Combating a National Crisis; Drug Policy Alliance New York; www.drugpolicy.org/overdose

<https://docs.google.com/folder/d/0B1pSUthdnbgCZnBhZWZQei1XVke/edit?usp=sharing>

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PUBLIC HEALTH ALLIANCE FOR SYRINGE ACCESS (PHASA)

INJECTION DRUG USE IN NEVADA & PUBLIC HEALTH RISK INDICATORS

In Nevada, approximately **4,632** people have injected.ⁱ Of those estimated 4,632 people who have injected drugs, **3,347 live in Clark County** and **709 live in Washoe County**.

Substance Abuse Treatment Admissions – IDU Primary Risk Factor

- In Nevada, 9,909 people were admitted into substance abuse treatment facilities in 2009 and of those substances that were injected, 187 (2%) were for cocaine, 888 (9%) were for heroin and 1,893 (19%) were for amphetamines, for a total of **29% (2,874) of statewide treatment admissions in 2008 for injection drug use.**ⁱⁱ
- According to a 2008 statistical report, 5,800 total substance abuse treatment admissions were based in Las Vegas, with **10% (580) of Las Vegas treatment admissions in 2008 reporting injection drug use.**ⁱⁱⁱ

HIV Transmission Rates – IDU Primary Risk Factor

- Of 8,563 Nevadans living with HIV/AIDS, **1,297 (15%) people cited IDU as a primary risk factor.**^{iv}
- Of the 370 new HIV infections identified in Nevada, **34 (9%) identified IDU as a primary risk.**^v

Hepatitis B and C Transmission Rates – IDU Primary Risk Factor

- Nationally, according to the CDC (2009), of the 38,000 reported HBV transmissions, 13,300 (35%) identified IDU as their primary risk factor. Additionally, of the 16,000 reported HCV transmissions, 11,360 (71%) identified IDU as their primary risk factor.

- In Washoe County, the Epidemiology Department in their Annual Communicable Disease Summary (2010), reports that 17% of people with HBV transmissions identified IDU as their primary risk factor and 1230 (33.8%) identified IDU as their primary risk factor.

Heroin Arrests and Seizures - IDU Primary Risk Factor

- In Washoe County, **8.6lbs** of heroin have been seized between 2007 and 2011, and **512** people were arrested as a result of heroin possession or distribution. Heroin seizures have gone up 3500% from 2006 to 2010.^{vi}
- The Las Vegas Metropolitan Police Department (LVMPD) seized **82lbs** of heroin from 2007 to 2011. In the same time period, **1,544** people were arrested for heroin possession or distribution.

Paraphernalia Arrests and Seizures - IDU Primary Risk Factor

- Out of 2,021 total paraphernalia charges in **Washoe County from 2009 to 2011, 640 (32%) people were arrested for having a hypodermic needle.** During the same time period, **Las Vegas Metro Police Department reported that 1104 (15%) of people were arrested for having a hypodermic needle,** out of 7,361 total paraphernalia charges in Clark County.

ⁱ Based on data from the 2009 National Survey on Drug Use and Health and the 2010 Nevada State Demographer's office

ⁱⁱ According to a 2008 statistical report utilizing data from both the Treatment Episode Data Set (TEDS) and the National Survey of Substance Abuse Treatment Services (N-SSATS)

ⁱⁱⁱ "Metro brief: Substance," 2008

^{iv} HIV/AIDS Epidemiological Profile (2011) through the State Health Division

^v Ibid

^{vi} Reno Police Department's Street Enforcement Team (SET)



National Association of Boards of Pharmacy

nabp

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Web Site: www.nabp.net

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY
FROM: Carmen A. Catizone, Executive Director/Secretary
DATE: April 4, 2013
RE: NABP Participation in PCAB

The NABP Executive Committee approved NABP resigning from the Board of Directors of the Pharmacy Compounding Accreditation Board (PCAB). The resignation is effective immediately and was communicated to PCAB Executive Director Joe Cabaleiro. The decision was founded on the recent re-examination of compounding versus manufacturing and NABP's role with the inspection of non-resident Iowa pharmacies.

The NABP Executive Committee is keeping under consideration the option of rejoining PCAB in the future. The decision to rejoin will be based upon the criteria/standards and accreditation process used by PCAB and whether there is agreement with those criteria/standards and processes with the states and NABP's position in regard to compounding and manufacturing.

If you have any questions or comments, please feel free to contact me via email at exec-office@nabp.net or by calling 847/391-4400.

cc: NABP Executive Committee



Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

MARCH 6th and 7th, 2013 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the March, 2013 Board meeting.

Licensing Activity:

- 19 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 6 licenses were granted for a Nevada MDEG company pending inspection and one was continued pending more information.
- 19 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 14 licenses were granted for Out-of-State wholesalers.
- 22 applications were approved for Nevada pharmacies pending inspection.

Disciplinary Action:

- Pharmacist BL surrendered his license to practice pharmacy for repeated misfills of prescriptions and woefully poor record keeping.
- Pharmacist ES was ordered to complete continuing education (CE) on error prevention and fined \$500, and pharmacy CV was fined \$500 for mislabeling a prescription for a child. Intern pharmacist HW was fined \$750 for failure to counsel the mother of the child.
- Pharmaceutical technician HT was revoked for diverting controlled substances for self-use. Pharmaceutical technician LC was revoked for testing positive for illicit drugs.
- Pharmacist AM was ordered a letter of admonition for allowing pharmaceutical technician JH to work unlicensed.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- Lengthy discussions were again held concerning compounding pharmacies, especially out-of-state, and the safety of the products they ship into Nevada. The application process has been bolstered to include proof of sterility and integrity testing.
- A discussion was held regarding the delivery of prescriptions to patients (i.e., courier service; taxi; etc.)
- A presentation was given by Brett Kandt, Special Deputy Attorney General, regarding AB39, a bill introduced to curtail the sale of amphetamine precursors. The bill was supported by the Board.
- Discussion was held on failure to respond to subpoenas; failure to meet CE requirements by PT's; and the intent of the mechanical device regulation.

Board Members are Generally Immune from Suit for Board Actions

- **Board Members Are Immune From Liability For Participating in Disciplinary Actions**

NRS 639.2576 Immunity from civil action for assisting administrative proceeding. The Board or any other person who initiates or assists in any lawful investigation or administrative proceeding concerning the discipline of a pharmacist **is immune from any civil action** for that initiation or assistance or any consequential damages, **if the person acted without malicious intent.**

- **Board Members Are Immune From Liability For Participating in Discretionary Functions**

NRS 41.032. Acts or omissions of officers, employees and immune contractors.

“[N]o action may be brought . . . which is

1. **Based upon an act or omission of an officer, employee** or immune contractor, **exercising due care**, in the execution of a statute or regulation, whether or not such statute or regulation is valid, if the statute or regulation has not been declared invalid by a court of competent jurisdiction; or

2. Based upon the exercise or performance or the failure to exercise or perform a **discretionary function** or duty on the part of the State or any of its agencies or political subdivisions or of any officer, employee or immune contractor of any of these, whether or not the discretion involved is abused.

Definitions:

Discretionary Function: Personal **deliberation, decision and judgment** are requirements of a discretionary act. *Parker v. Mineral County*, 102 Nev. 593, 595, 729 P.2d 491, 492 (1986)

Public Officer or Officer:

NRS 41.0307

4. "Public officer" or "officer" includes:

(a) **A member of a part-time or full-time board**, commission or similar body of the State or a political subdivision of the State which is created by law. . . .

- **Board Employees are Immune from Criminal Prosecution When Acting Within Scope**

NRS 453.551 Immunity for acts in performance of official duties. All agents or inspectors of the Board or Division, peace officers, and the Attorney General, district attorneys and their deputies while investigating violations of the provisions of NRS 453.011 to 453.552, inclusive, in performance of their official duties, and any person working under their immediate direction, supervision or instruction **are immune from prosecution** under the provisions of such sections for acts which would otherwise be unlawful under such provisions but which are reasonably necessary in the performance of their official duties.

(Added to NRS by 1971, 2025; A 1973, 1217; 2001, 1062; 2003, 559)

NRS 453.031 “Board” defined. “Board” means the State Board of Pharmacy.

NRS 454.296 Immunity from prosecution of employees of Board and peace officers. All agents, assistants and inspectors of the Board and peace officers, while investigating violations of NRS 454.181 to 454.371, inclusive, in performance of their official duties, and any person working under their immediate direction, supervision or instruction **are immune from prosecution** under NRS 454.181 to 454.371, inclusive.

- **Additional Immunity Available under NRS Chapter 622A, if the Board Wishes to Adopt it by Regulation.**

NRS 622A.150 Immunity from civil liability.

1. A person who provides a governmental entity, officer or employee with any information relating to a contested case is immune from any civil liability for providing that information if the person acted in good faith and without malicious intent.

2. A governmental entity, officer or employee is immune from any civil liability for:

(a) Any decision or action taken in good faith and without malicious intent in carrying out the provisions of this chapter or any law or regulation governing occupational licensing; or

(b) Communicating or cooperating with or providing any documents or other information to any other governmental entity, officer or employee conducting an investigation, disciplinary proceeding or civil or criminal prosecution.

(Added to NRS by 2005, 744)

The Board is currently exempt from the protections of NRS Chapter 622A. It has the option of adopting it by regulation and coming under this additional umbrella of immunity if it decides to do so.