

July 3, 2013

## AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, July 24, 2013 at 9:00 am. The meeting will continue, if necessary, on Thursday, July 25, 2013 at 9:00 am or until the Board concludes its business at the following location:

Hilton Garden Inn  
7830 S Las Vegas Boulevard  
Las Vegas, Nevada  
\*\*\**New Location*\*\*\*

#### Please Note

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

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

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

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

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

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

## ◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Public Comments and Discussion of and Deliberation Upon Those Comments:  
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
2. Approval of June 12-13, 2013 Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
  - A. AmericanRx, LLC – Florence, AL
  - B. BIORX LLC – Carlsbad, CA
  - C. Freedom Medical Direct – Du Quoin, IL
  - D. JDiscount Pharmacy – Chicago, IL
  - E. MiRx Pharmacy – Billings, MT
  - F. Mizner Pharmacy – Boca Raton, FL
  - G. OK Compounding – Skiatook, OK
  - H. Pharmacy Alternatives California, Inc. – Orange, CA
  - I. Precise Compounding Pharmacy – Culver City, CA
  - J. Premier Pharmacy Services – Brea, CA
  - K. Prosperity Specialty Pharmacy – Falls Church, VA
  - L. Quality Specialty Pharmacy – Lomita, CA
  - M. Skyemed Pharmacy & Infusion Services Inc. – Pompano Beach, FL
  - N. Sterlington Village Pharmacy – Sterlington, LA
  - O. The Compounding Shop – St. Petersburg, FL
  - P. The Medicine Center – Salt Lake City, UT
  - Q. The Snyder Center of Pain Pharmacology – Inverness, FL
  - R. Willow Pharmacy, Inc. – Madisonville, LA

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

- S. Care Concepts Louisiana Inc. – Chatsworth, CA
- T. Carepoint-QH Medical – Glen Allen, VA
- U. Choice Medical Healthcare, Inc. – Salt Lake City, UT
- V. Complete Medical Homecare – Raymore, MO
- W. CranioMadibular Rehab, Inc. – Denver, CO
- X. Med Life & Orthopedic Shoes, Inc. – Tujunga, CA
- Y. National Seating & Mobility, Inc. – Peoria, AZ

- Z. Novocure, Inc. – Portsmouth, NH
- AA. Reglera – Wheat Ridge, CO

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

- BB. Actavis Pharma, Inc. – Gurnee, IL
- CC. Atlantic Biologicals/National Apothecary Solutions – Morrisville, NC
- DD. Cypress Pharmaceutical, Inc./Hawthorn Pharmaceutical – Madison, MS
- EE. DV Medical Supply, Inc. – Redondo Beach, CA
- FF. Foundation Care, LLC – Earth City, MO
- GG. Freedom Pharmaceuticals, Inc. – Broken Arrow, PA
- HH. Greer Laboratories, Inc. – Lenoir, NC
- II. Lehigh Valley Technologies, Inc. – Allentown, PA
- JJ. Millstone Medical Outsourcing, LLC – Olive Branch, MS
- KK. Packaging Coordinators, Inc. – Rockford, IL
- LL. Paratus Health Systems, LLC – Alpharetta, GA
- MM. Para Pro, LLC – Carmel, IL
- NN. Positudes, Inc. – Westbury, NY

Application for Nevada MDEG – Non Appearance for Possible Action:

- OO. Numotion – Las Vegas

◆ 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. | Eman Helmi Gobran, R.Ph     | (13-004-RPH-S)   |
| B. | Walgreens #03841            | (13-004-PH-S)    |
| C. | Sherrilyn Defreece, PT      | (13-025-PT-S)    |
| D. | Daniel A. Shalala, R.Ph     | (13-025-RPH-A-S) |
| E. | Richie I. Odigie, R.Ph      | (13-025-RPH-B-S) |
| F. | Advanced Care Rx Pharmacy 2 | (13-025-PH-S)    |
| G. | Mark Robert Neufeld         | (13-013-IN-S)    |
| H. | Anna Frangezka Ignacio, PT  | (13-014-PT-S)    |
| I. | Melanie C. Shaw, PT         | (13-015-PT-S)    |

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

- A. AeroCare Inc. – Ely
- B. A New Day Medical LLC – Las Vegas
- C. Dynamic Medical Systems LLC – Las Vegas
- D. SRC Medical – Las Vegas

6. Applications for Out-of-State Pharmacy – Appearance for Possible Action:
  - A. Innovation Compounding, Inc. – Kennesaw, GA
  - B. Roxsan Pharmacy, Inc. – Beverly Hills, CA
7. Application for Nevada Pharmacy – Appearance for Possible Action:

Meditech Laboratories, Inc. – Las Vegas
8. Application for Controlled Substance Registration – Appearance for Possible Action:

Duff Kaster, DDS
9. Request for Reinstatement of Pharmacist License – Appearance for Possible Action:

Matthew Osayaren (09-080-RPH-S)
10. Requests for Pharmacist License – Appearance for Possible Action:
  - A. Gary P. Lapanne
  - B. Cashmir C. Luke
  - C. Duyen H. Pham
11. Applications for Pharmaceutical Technician in Training Registration – Appearance for Possible Action:
  - A. Roberto R. Beltran
  - B. Teresa A. Ransom
  - C. Adriana Rosales Marquez
12. Application for Pharmaceutical Technician Registration – Appearance for Possible Action:

Robert C. Thomas
13. Budget – Fiscal Year 2013-2014 for Possible Action
14. Executive Secretary Report for Possible Action:
  - A. Financial Report
  - B. Temporary Licenses
  - C. Staff Activities
    1. Presentations: June 30-Las Vegas & July 11-Carson City
  - D. Reports to Board



1. NPlex update
  2. Meeting: Southern Nevada Multi-Jurisdictional Governance Committee
  3. Veterinarian Article
  4. Legislative Summary
  5. 2014 Board Meeting Dates
  6. Your Success Rx Reports
    - a. Sieu Long
    - b. Chanice Newcomer
    - c. Emma Sicam
  - E. Board Related News
    1. Walgreen's Settlement with DEA
    2. 2012 Gallup Pole
  - F. Activities Report
15. General Counsel Report for Possible Action
16. Next Board Meeting:
- September 4-5, 2013 – Reno, Nevada
17. Public Comments and Discussion of and Deliberation Upon Those Comments:  
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

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

Anyone desiring supporting materials or additional information regarding the meeting is invited to call Shirley Hunting at (775) 850-1440 or email at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov).

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

MINUTES  
BOARD MEETING

Hyatt Place  
1790 E. Plumb Lane  
Reno, Nevada

June 12 – 13, 2013

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

Board Members Present:

Kam Gandhi  
Jack Dalton

Leo Basch  
Jody Lewis

Cheryl Blomstrom  
Russell Smith

Board Members Absent:

Kirk Wentworth

Board Staff Present:

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

1.     Public Comment

June 12, 2013

No public comment.

2.     Approval of April 17, 2013 Minutes

Mr. Pinson noted that Item K/L, paragraph two, of the April minutes indicates that "...a pharmaceutical technician in training had not renewed her registration..." The technician in training had never actually been licensed by the Board. The minutes were corrected to state that "a pharmaceutical technician in training had not registered with the Board..." The minutes were revised and posted to the website subsequent to the distribution of the Board books.

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

Item 4.A/B, page 7: Board Action on the finding of not guilty: strike “Passed Unanimously” and replace with “Motion Carried.”

Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

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

- A. A+O Specialty Pharmacy – Salinas, CA
- B. Alpha Direct Compounding LLC – Scottsdale, AZ
- C. American Specialty Pharmacy – Denton, TX
- D. Anovorx Group, LLC – Memphis, TN
- E. Boca Raton Pharmacy – Boca Raton, FL
- F. BrandMD – Chatsworth, CA
- G. Jersey Shore Pharmacy – Egg Harbor Township, NJ
- H. Medimix Specialty Pharmacy – Jacksonville, FL
- I. Monroe Clinic Drugs – Monroe, LA
- J. Pharmco, Inc. – Torrance, CA
- K. Rxtra Solutions – Southfield, MI
- L. Select Rx, LLC – Warminster, PA
- M. Stonybrook Pharmacy, LLC – Omaha, NE
- N. UNA Pharmacy Corporation – Tucker, GA
- O. USBioservices – Brooks, KY
- P. Walgreens Store #1151 – Orlando, FL

Applications for Out-of-State MDEG – Non Appearance

- Q. Ancillary Management Solutions, Inc. – Franklin, TN
- R. Apnicure, Inc. – Redwood City, CA
- S. Boston Scientific Corporation – Valencia, CA
- T. Cascade Medical Supply, Inc. – Redmond, WA
- U. Continuum Services, Inc. – Gainesville, FL
- V. DMED – Wilmington, OH
- W. Med One Healthcare, LLC – Tempe, AZ
- X. Neomend, Inc. – Irvine, CA
- Y. Team Makena LLC – Irvine, CA
- Z. The Daavlin Distributing Co. – Bryan, OH

Applications for Out-of-State Wholesaler – Non Appearance

- AA. Arrow International, Inc. – Olive Branch, MS

- BB. Boston Scientific Corporation – St. Paul, MN
- CC. BridgePoint Medical, Inc. – Maple Grove, MN
- DD. Covidien Sales, LLC – Plymouth, MN
- EE. Dispensing Solutions – Santa Ana, CA
- FF. Golden State Medical Supply, Inc. – Camarillo, CA
- GG. Grifols USA, LLC – City of Industry, CA
- HH. Grifols USA, LLC – Clayton, NC
- II. Gulf South Medical Supply, Inc. – Ontario, CA
- JJ. Gulf South Medical Supply, Inc. – Sacramento, CA
- KK. JHP Pharmaceuticals, LLC – Rochester, MI
- LL. Macoven Pharmaceuticals, LLC – Madison, MS
- MM. Nestle Health Science-Pamlab, Inc. – Mandeville, LA
- NN. Optimer Pharmaceuticals, Inc. – San Diego, CA
- OO. Pernix Therapeutics, LLC – Madison, MS
- PP. PSS World Medical, Inc. – Salt Lake City, UT
- QQ. PSS World Medical, Inc. – West Sacramento, CA
- RR. PSS World Medical, Inc. – Colonial Heights, VA
- SS. PSS World Medical, Inc. – Phoenix, AZ
- TT. PSS World Medical, Inc. – Fullerton, CA
- UU. Rebel Distributors Corp – Thousand Oaks, CA
- VV. Stat Rx USA, LLC – Gainesville, FL
- WW. Superior Medical Supply, Inc. – Franklin, NC

Applications for Nevada Pharmacy – Non Appearance:

- XX. Complex Care Hospital at Tenaya – Las Vegas
- YY. Tahoe Pacific Hospitals – Meadows – Reno
- ZZ. Tahoe Pacific Hospitals – West – Reno
- AAA. True Care Pharmacy 2 – Las Vegas
- BBB. Warm Springs Surgical Center – Las Vegas

Board Action:

Russ Smith referenced Item 3.P. and disclosed that he is employed by Walgreen's.

Jody Lewis questioned the change of ownership applications for out of state MDEGs for Ancillary Management Solutions, Inc., located in Tennessee (Item 3.Q), and Cascade Medical Supply, Inc., located in Washington (Item 3.T). The companies are located in different states, but the applications indicate that the MDEG administrator and contact information are the same for both companies, which Nevada regulations does not allow.

The applications for 3.Q and 3.T were pulled for clarification by the Board Staff. Action will be taken separately on these items.

Motion: Jody Lewis found the consent agenda application information to be accurate and complete and moved for approval excluding items 3.Q and 3.T.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Pinson clarified items 3.Q and 3.T. The regulations for Tennessee and Washington allow an individual to be the administrator for multiple facilities. Nevada does not have jurisdiction in those states.

Board Action:

Motion: Cheryl Blomstrom moved to approve the applications for Ancillary Management Solutions, Inc., (Item 3.Q), and Cascade Medical Supply, Inc. (Item 3.T).

Second: Leo Basch

Action: Passed Unanimously

REGULAR AGENDA

4. Disciplinary Cases

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

Elbion Estrin, pharmacist, Marcella Hohman, pharmaceutical technician, and Darlene Fennel, pharmaceutical technician, appeared and were 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 reminded the Board that a Stipulated Agreement was offered for Board consideration in this matter at the March, 2013 meeting. The Board rejected the Stipulated Agreement and moved to hear this matter at the June, 2013 meeting.

Mr. Edwards noted that Mr. Estrin is not contesting the facts and allegations in the Notice of Intended Action and Accusation. Mr. Edwards explained that patient C was prescribed diclofenac sodium 75 mg. tablets. Patient C ingested five doses and began to experience dry mouth, dizziness, hand tremors, extreme fatigue, blurred vision, constipation and night sweats. It was discovered that she had been dispensed amitriptyline tablets rather than the diclofenac sodium tablets that she was prescribed.

Patient C returned the medication to the pharmacy. Mr. Estrin confirmed that the incorrect medication (amitriptyline) had been dispensed.

During the investigation, it was learned that pharmaceutical technician, Marcella Hohman, erred by entering the prescription as diclofenac potassium 50 mg. tablets. During the filling process, pharmaceutical technician, Donna Fennel inadvertently put amitriptyline tablets in the bottle. Mr. Estrin referred to the label on the misfilled and mislabeled prescription bottle. He filled the prescription with diclofenac potassium 50 mg. tablets rather than the prescribed diclofenac sodium 75 mg. tablets.

Mr. Estrin offered testimony and answered questions posed by the Board and Mr. Edwards. Mr. Estrin admitted that the misfills did occur. He stated that if he had followed company policy by reviewing the scan of the original prescription, the prescription may not have been misfilled. Mr. Estrin explained that there were mitigating circumstances which he felt lead to this incident. A major chain pharmacy did not renew a third party contract, and CVS Pharmacy acquired a significant number of those patients. As a result, the pharmacy workload increased by approximately 200 additional prescriptions per day totaling an average of 400 prescriptions per day. The pharmacy continued to operate at the current level of staffing (one pharmacist and three technicians). Mr. Estrin stated that he was working thirteen hour shifts. He requested additional help from his supervisor, but was denied. Mr. Estrin felt that the increased workload and the pressure to meet CVS' fifteen minute fill requirement were contributing factors to the misfilled prescription. Mr. Estrin stated that he is now retired, and works for an agency as a relief pharmacist three days per month. He has taken steps to ensure a more thorough verification process to avoid such errors.

Pharmaceutical technicians Marcella Hohman and Darlene Fennel addressed questions posed by the Board.

Ms. Hohman supported the testimony of Mr. Estrin. She stated that the pharmacy is extremely busy and there is a lack of help. Staff works eight to twelve hour shifts. Ms. Hohman said that she is the data entry technician and Ms. Fennel is the filling technician. They are frequently interrupted during their processing to assist customers at the drive through pick up window. Mr. Estrin is constantly interrupted to provide counseling, answer phone calls, and assist at the drive through window. Ms. Hohman said that added to all of this is the pressure to meet the company's time limit per fill requirement.

Ms. Fennel said that the filling process at this CVS location is not automated. Medications are counted manually using a counting tray. She explained that the drug is pulled from the shelf and a label is printed. The National Drug Code (NDC) on the product and the label are scanned to ensure the NDCs match. In this case, the NDC scan on the label and medication bottle matched for diclofenac potassium 50 mg tablets; however, the prescription was filled with amitriptyline. Ms. Fennel believes that both the diclofenac and amitriptyline stock bottles were on the counter. She thinks that she may have been interrupted during the filling of the diclofenac prescription and

inadvertently picked up the amitriptyline. Ms. Fennel added that in addition to their regular technician duties, Ms. Hohman and she were in charge of training a new technician during the time period that the misfill occurred.

Based on the evidence presented and Mr. Estrin's admission of guilt, Mr. Edwards recommended the Board reach a finding of guilt in the First and Second Causes of Action.

Board Action:

Motion: Leo Basch moved to find Elbion Estrin guilty of the alleged violations in the First Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to find Elbion Estrin guilty of the alleged violations in the Second Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards commented that when this case was heard at the March, 2013 meeting, the Board did not accept the Board Staff's recommendation to place Mr. Estrin on probation for twelve months, complete Your Success Rx, and impose a fine. He asked the Board to take into consideration the mitigating factors in this case when determining the penalty for Mr. Estrin.

Board Action:

Motion: Leo Basch moved to place Elbion Estrin's pharmacist license on probation for a period of twelve months. Mr. Estrin shall pay the administrative costs and fees incurred to conduct the investigation of this case.

Second: Jack Dalton

Ayes: Basch, Blomstrom, Dalton

Nays: Smith

Action: Motion Carried

B. Charles Boisselle, R.Ph  
C. Hale's Pharmacy

(12-060-RPH-N)  
(12-060-PH-N)

Charles Boisselle, pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

William Stilling was present as counsel representing Mr. Boisselle and Hale's Pharmacy.

Mr. Edwards explained that patient S was seen by an APN at Northern Nevada Adult Mental Health Services (NNAMHS) and prescribed mirtazapine (Remeron) 15 mg. tablets. The patient presented the prescription to Hale's Pharmacy and picked up the medication the same day. During a follow-up visit at NNAMHS, the APN discovered that Hale's Pharmacy had dispensed temazepam to patient S rather than the prescribed mirtazapine. The patient had ingested seventeen temazepam doses. The APN alleges that she reported the error to Hale's Pharmacy.

During the Board's investigation, it was discovered that the pharmaceutical technician inputting the prescription asked Mr. Boisselle for assistance in identifying the generic substitution for Remeron. Mr. Boisselle confused the name Remeron for brand name Restoril and identified the generic for Restoril (temazepam). After the error was discovered, Mr. Boisselle voided the temazepam prescription from the pharmacy computer system. No detailed fill record for that prescription exists or is linked to the patient. There is no documentation that patient counseling occurred. Mr. Boisselle did produce a "Voided Rx Log" which documents the misfilled prescription. The log appears to have been generated subsequent to the Board Investigator's request for documentation. In his written statement, Mr. Boisselle indicated that correcting the erred temazepam prescription required voiding it and assigning a new prescription number to the mirtazapine prescription.

Mr. Edwards stated that the Respondents will stipulate to the facts alleged in the Notice of Intended Action and Accusation. In exchange for dismissal of the Third Cause of Action, the Respondents will stipulate to the First, Second and Fourth Causes of Action. The Respondents are disputing the point that the APN discovered the misfill. Mr. Boisselle alleges that he realized the error when refilling the prescription. Mr. Edwards informed the Board that this dispute does not become an element of the causes of action.

Mr. Stilling requested Board consideration for dismissal of the Third Cause of Action. The record of the voided prescription was in fact captured within the patient's profile, but on a separate report. In terms of the penalty, Mr. Stilling stated that they would agree to a fine of \$1,000.00 for the misfill and \$750.00 for the failure to counsel for Mr. Boisselle. Mr. Stilling said that based on the communication with the caregiver that picked up patient S' prescription, Mr. Boisselle thought that the patient had previously taken mirtazapine and counseling was not necessary. Mr. Stilling informed the Board that



Hale's Pharmacy's new owners have voluntarily been evaluated by Your Success Rx, installed a new pharmacy computer system, and implemented policy changes.

Mr. Edwards recommended a stipulation of guilt in the First, Second and Fourth Causes of Action in exchange for dismissal of the Third Cause of Action. Dismissal of the Third Cause of Action does not excuse the Respondents from maintaining records as required by statute and regulation.

David Vasenden, owner of Hale's Pharmacy, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Vasenden stated that the pharmacy's new computer system did capture and retain the information on the voided prescription within the patient's profile. Mr. Boisselle was unfamiliar with the new system and printed the wrong report for the Board Investigator.

Board Action:

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

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards recommended that Mr. Boisselle be fined \$1,000.00 in the First Cause of Action and \$750.00 in the Second Cause of Action. Mr. Boisselle's pharmacist license shall be placed on probation for twelve months. Any violation committed by Mr. Boisselle during the probationary period will result in an automatic suspension of his pharmacist license. Mr. Edwards recommended Hale's be fined \$1,000.00, and their pharmacy license placed on probation for twelve months. Any violation committed during the probationary period will result in an automatic suspension of Hale's pharmacy license.

Mr. Marcher commented that automatic suspension may not be appropriate particularly if a minor violation occurs. He reminded the Board that it has the authority to summarily suspend a license in the event of egregious violations, in which case Board Staff must get the case to hearing within forty-five days. Mr. Edwards agreed and amended his recommendation.

The Board expressed concerns that Hale's had knowledge of the investigation of this current case at the January, 2013 meeting. At the January meeting, Mr. Vasenden appeared and requested consideration to lift the probationary status of Hale's registration, which had been imposed on the previous owners, before the one year period ending March, 2013.

Board Action:

Motion: Jody Lewis moved to fine Charles Boisselle \$1,000.00 in the First Cause of Action and \$750.00 in the Second Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to place Hale's pharmacy license on probation for a period of twelve months.

Second: Jody Lewis

Basch commented that he supports a probationary period for Hale's. The previous probation occurred under the former ownership. This misfill occurred under Hale's new owners using a new process and computer system. It should not have been necessary for the technician to ask for the generic name of Remeron. The new computer system software should have generic name information included. He felt that the pharmacy was not responsible for the pharmacist's error in stating that temazepam is the generic for Remeron. Basch did not feel a monetary fine imposed on the pharmacy for the misfill was appropriate.

Action: Passed Unanimously

D. Christin Allen, PT

(13-010-PT-N)

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

Mr. Edwards noted that Ms. Allen is not in attendance. The Notice of Intended Action and Accusation was sent to Ms. Allen via Certified Mail. The Certified Mail Receipt was signed and returned to the Board office. Ms. Allen did not respond or submit an answer to the Accusation. Mr. Edwards attempted, but was not able to contact Ms. Allen.

Mr. Edwards explained that an internal investigation and subsequent audit by CVS/Caremark's Regional Loss Prevention personnel identified a variance of negative 1,616 tablets of hydrocodone/APAP 10-325. During an interview conducted by the CVS Loss Prevention manager, Ms. Allen admitted verbally, and in a written statement, that she had diverted quantities of 1,680 hydrocodone/APAP 10-325 tablets and 100 hydrocodone/APAP 7.5-325 tablets during her thirteen months of employment with CVS #9168. Ms. Allen claimed that she diverted the hydrocodone/APAP to self-medicate for her back pain.

Board Action:

Motion: Cheryl Blomstrom moved to find Christin Allen guilty of the alleged violations in the First Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Mr. Edwards recommended that Ms. Allen's pharmaceutical technician registration be revoked.

Board Action:

Motion: Russell Smith moved to revoke Christin Allen's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

The Board discussed the large quantity of hydrocodone/APAP diverted in this case, and the Respondent's failure to appear before the Board. President Gandhi requested that Board Staff follow-up to determine if a police report has been filed by CVS. If a police report has not been filed, the Board asked that Board Staff follow-up with the appropriate law enforcement agency.

E. Candice M. Robinson, PT

(13-019-PT-N)

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

Candice Robinson appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Hal Taylor was present as counsel representing Ms. Robinson.

Paul Edwards presented a Stipulated Agreement regarding Ms. Robinson for the Board's consideration. Ms. Robinson admits to the facts and allegations in the First Cause of Action that she diverted eight Seroquel 100 mg. tablets. Ms. Robinson has offered to voluntarily surrender her pharmaceutical technician registration, and no longer work in any capacity in any pharmacy registered in the State of Nevada.

Mr. Taylor stated that Ms. Robinson accepts full responsibility for her actions. Ms. Robinson had a current prescription for Seroquel, but did not have the funds to purchase the Seroquel necessary for treatment until her next paycheck. She was concerned about the effect of going without Seroquel for that period of time. Mr. Taylor

provided a letter from Ms. Robinson's therapist which addresses Ms. Robinson's therapy.

Board Action:

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

Second: Cheryl Blomstrom

Action: Passed Unanimously

5. Applications for Out-of-State Pharmacy – Appearance

A. HomeChoice Partners, Inc. – Norfolk, VA

Marc Stranz, Vice President of Clinical Operations for Bio Scrip, the parent company of HomeChoice Partners, Inc., appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Stranz provided a letter from Kimberlee C. Seah, Bio Scrip Senior Vice President and General Counsel, authorizing Mr. Stranz to represent HomeChoice Partners, Inc.

Mr. Stranz explained that HomeChoice Partners is a home infusion pharmacy specializing primarily in parenteral nutrition and antibiotics. The pharmacy is 797 compliant. There is no high risk compounding at this facility. Mr. Stranz added that he is a participating member of the USP Sterile Compounding Committee.

The Board asked Mr. Stranz to address question 3 of the application regarding administrative action which was answered "yes".

Mr. Stranz explained that in October, 2011, two deficiencies were identified during an inspection conducted by the Virginia Board of Pharmacy. The perpetual inventory and hard copy prescriptions were not being maintained. Appropriate corrective actions were taken by the pharmacy and accepted by the Virginia Board of Pharmacy. All requirements were met and the case was closed. Mr. Stranz added that the Virginia Board of Pharmacy conducts random inspections, and the pharmacy has not been inspected since October, 2011.

Board Action:

Motion: Cheryl Blomstrom moved to approve HomeChoice Partners' Application for Out-of-State Pharmacy License.

Second: Jody Lewis

Action: Passed Unanimously

Mr. Stranz agreed to provide a copy of their next Virginia Board of Pharmacy inspection to the Nevada Board of Pharmacy office when available.

B. Innovation Compounding, Inc. – Kennesaw, GA

Innovation Compounding, Inc. requested postponement of their appearance until the July, 2013 meeting.

C. Roxsan Pharmacy, Inc. – Beverly Hills, CA

Shahla Melamed, owner, submitted a letter authorizing Kathrine Bamshad to appear on behalf of Roxsan Pharmacy Corporation.

Kathrine Bamshad appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Bamshad explained that Roxsan Pharmacy is a retail pharmacy specializing primarily in fertility medications. Products are shipped directly to the patient.

The Board questioned Ms. Bamshad regarding Roxsan Pharmacy's application and website. On the application the "Type of Pharmacy" box was checked as "Retail." Roxsan's website indicates that they are a compounding pharmacy. Ms. Bamshad testified that Roxsan is a retail pharmacy.

Ms. Bamshad stated that the pharmacy does a minimal amount of compounding including sterile compounding, topical, oral, and injectables specifically, Lupron and HCG.

Mr. Pinson noted that the name of the managing pharmacist of Concierge Compounding Pharmacy in Henderson, Nevada, is Melamed, and asked Ms. Bamshad if there is a relationship to Shahla Melamed. Ms. Bamshad responded that they are related (mother/son), but there is no association between the two pharmacies.

Ms. Bamshad was not able to answer questions regarding the pharmacy's compounding services to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to defer the application until clarification of the compounding services and a copy of Roxsan Pharmacy's most recent inspection of their compounding facility is received. An appearance by the compounding pharmacist and/or owner will be required for reconsideration of this application.

Second: Russell Smith

Action: Passed Unanimously

6. Application for Nevada MDEG – Appearance

SRC Medical – Las Vegas

SRC Medical requested postponement of their appearance until the July, 2013 meeting.

7. Application for Nevada Wholesaler – Appearance

National Cornerstone Healthcare Services, Inc. – Las Vegas

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

Mr. Pinson commented that he had the opportunity to tour the National Cornerstone facility in Loma Linda, California. He was impressed with the operation, and supports the approval of their application for a Nevada wholesaler license.

Mr. Espinosa explained that his company has acquired a facility in Las Vegas and will be moving their wholesaler operation to the new location. National Cornerstone specializes in products for chronic illness primarily Factor VIII for bleeding disorders, as well as MS and HIV products.

Board Action:

Motion: Leo Basch moved to approve National Cornerstone Healthcare Services' Application for Nevada Wholesaler License

Second: Jody Lewis

Action: Passed Unanimously

8. Application for Controlled Substance Registration – Appearance

Lynn Greenhouse, MD

Lynn Greenhouse appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Dr. Greenhouse stated that she is an internist practicing in Elko, Nevada, and is also licensed in the state of Utah. Dr. Greenhouse was disciplined by the Nevada State Board of Medical Examiners as a result of a formal complaint filed in December, 2011,

for engaging in conduct in violation of State Board of Pharmacy regulation, by unlawfully dispensing a controlled substance or dangerous drug, without a prescription or order of a physician and/or without a dispensing license. The Utah Medical Board filed a parallel action, and criminal charges were filed by the DEA. Dr. Greenwood explained that approximately five years ago, a personal friend's husband was diagnosed with a terminal illness. The financial impact resulted in near bankruptcy for the couple. Dr. Greenwood offered to obtain the husband's medications through a medical supply company, which she could purchase at a lower cost. Dr. Greenwood had consulted with an attorney who advised her that the purchasing practice describe was permitted if not transacted for profit. Dr. Greenwood was not aware that a dispensing license was required. Dr. Greenwood voluntarily relinquished her DEA license. Her medical license was suspended by the Medical Board. The suspension was stayed with conditions, and Dr. Greenwood's medical license is currently in good standing with the Medical Board. The criminal charges were dropped by the DEA, and Dr. Greenwood's DEA license was placed on probation with conditions.

Mr. Edwards distributed a letter from the Nevada State Board of Medical Examiners supporting Dr. Greenwood's DEA license reinstatement.

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

Board Action:

Motion: Jody Lewis moved to approve the Application for Controlled Substance Registration for Lynn Greenwood, MD.

Second: Cheryl Blomstrom

Action: Passed Unanimously

9. Application for Practitioner Dispensing Registration – Appearance

Karen Arcotta, MD

Karen Arcotta appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

President Gandhi stated that Dr. Arcotta appeared at the April, 2013 meeting. At that time, she withdrew her application as she did not have knowledge or understand the full scope of the regulations for practitioner dispensing.

Dr. Arcotta explained that since that meeting, she has met with Ray Seidlinger, Board Inspector, at the clinic where she is employed. Mr. Seidlinger has inspected the facility and has educated Dr. Arcotta regarding practitioner dispensing regulations. The physicians and facility are currently in compliance.

Board Action:

Motion: Leo Basch moved to approve Karen Arcotta's Application for Practitioner Dispensing Registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

10. Application for Pharmaceutical Technician in Training Registration – Appearance

Scott B. Kearney

Scott Kearney appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Kearney indicated "Yes" on his application that he has been charged, arrested or convicted of a felony or misdemeanor.

Mr. Kearney addressed questions posed by the Board.

Mr. Kearney explained that he was convicted in 2005 and again in 2009 of DUI and possession of marijuana. In May 2011, he was arrested for possession of marijuana and drug paraphernalia. Two Bench Warrants were issued in 2010 for failure to appear for review hearings. Mr. Kearney states that in December 2011, the judge in his case permitted him to enter a faith based recovery program, "Teen Challenge", in lieu of the imposed Level III alcohol and drug abuse program. He participated in Teen Challenge for thirteen months. Mr. Kearney said that all of the court issues have been resolved. He claims that he has "turned his life around", and has ongoing family and church support.

Mr. Kearney indicated that his past employment was as a server in fine dining. He would like to enter a field less susceptible to the economy, and felt that his interpersonal skills would be an asset in a pharmacy setting. Mr. Kearney has completed an on-line pharmaceutical technician training program through Allied Medical. The coordinator of the program arranged for Mr. Kearney to meet with the managing pharmacist of Walgreens #11226 to discuss potential employment as a pharmaceutical technician in training.

The Board discussed their concerns regarding Mr. Kearney's long history of alcohol and marijuana use. Even though a Walgreen's managing pharmacist signed Mr. Kearney's application, there is no confirmation that Mr. Kearney has a position with Walgreens upon approval of the application.



Board Action:

Motion: Leo Basch moved to deny Scott Kearney's Pharmaceutical Technician in Training Application.

Second: Russell Smith

Blomstrom stated that she does not support denial of the application. Mr. Kearney has two years of clean behavior. The faith based program has turned his life around. Blomstrom expressed support for a conditional approval based on a satisfactory PRN evaluation and statement from the managing pharmacist.

Ayes: Basch, Smith

Nays: Dalton, Blomstrom, Lewis

Action: Motion Failed

Board Action:

Motion: Jody Lewis moved to table Scott Kearney's Pharmaceutical Technician in Training Application pending an evaluation by PRN. Mr. Kearney will be required to appear at a future Board meeting with the results of the PRN evaluation and support from a potential employer.

Second: Cheryl Blomstrom

Ayes: Lewis, Blomstrom, Dalton

Nays: Basch, Smith

Action: Motion Carries

11. Appearance Request

NABP – Josh Bolin

1. Update on NABP Activities

Josh Bolin, Government Affairs Director, National Association of Boards of Pharmacy (NABP), presented an overview of NABP's Verified Pharmacy Program™ (VPP™). NABP will create pharmacy e-Profiles to unify licensee data and inspection report components for member boards. The e-Profiles will contain all information, which includes disciplinary information; accreditation; and inspection services. These services will assist member boards in addressing the gaps in the nonresident pharmacy regulatory structure.

## 2. PMP Progress

Mr. Bolin informed the Board that NABP PMP InterConnect facilitates the transfer of prescription monitoring program (PMP) data across state lines to authorized users. It allows participating state PMPs across the United States to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide. He also updated the Board on Nevada's switch to the new NABP PMP software. Nevada is one of five states that will be provided the software at no charge for three years. Nevada is scheduled to go live on September 4, 2013.

### 12. Continuing Education Committee

Diabetes Management: Geriatric Interprofessional Simulation Center  
Training by the Nevada Geriatric Education Consortium

Mr. Pinson reported that the Continuing Education Committee met on April 30, 2013, and reviewed the Nevada Geriatric Education Consortium's request for approval of continuing education (CE) hours for the "Diabetes Management: Geriatric Interprofessional Simulation Center Training" program. The Committee recommends approval for seven hours of accredited CE.

#### Board Action:

Motion: Cheryl Blomstrom moved to approve seven hours of accredited CE for the "Diabetes Management: Geriatric Interprofessional Simulation Center Training" program.

Second: Jack Dalton

Action: Passed Unanimously

### 13. Discussion and Determinations

#### A. Purple Sheets

Pharmacy law requires an annual assessment of a pharmacy workplace including data on volume, personnel, workflow and technological devices. The Workplace Assessment Tool is commonly referred to as the "purple sheets." Data is collected by the pharmacy and provided to Board Staff upon inspection. Years ago, this data was studied by the statistics department at UNR. The conclusion was that additional data may help to identify trends in the correlation between staffing, workload, workflow, and prescription errors. The project met with resistance and was abandoned. The purple sheets are still required by law, and the data continues to be collected. Board Staff questioned if the purple sheets should continue to be required.

Mr. Pinson commented that NABP just passed a resolution to assist Boards in regulating, restricting or prohibiting the use in pharmacies of performance metrics or quotas, and further study distractions and unsafe environments. He suggested that abandoning the purple sheets now may be premature.

Liz Macmenamin, Retail Association of Nevada (RAN), said that RAN initially agreed to the implementation of the purple sheets because the Board of Pharmacy was working with UNR to help them in statistics. It then evolved to determine if understaffing or workload were factors in misfills and would identify the problems and reasons. The intent of the purple sheets was not for the Board to determine how many pills a pharmacy should fill per day. The intent was to gather information for statistical analysis. At that time, technology did not exist to collect the data. Manually completing the purple sheet is burdensome to pharmacy staff. Ms. Macmenamin commented that the technology is now available and “the best way to go.”

Mr. Pinson clarified that data was being collected five years prior to bringing in UNR. The intent was not to give the UNR Statistics Department a project, but to have them conduct a statistical analysis of the data that had been collected. Trends were identified, but more data was needed to complete the study.

Mr. Wuest said that he and Mr. Edwards met with a professor at UNR who is collecting similar data for a global planning project he is conducting for the State. If the Board determines that the data collection and analysis are useful, Mr. Wuest will reach out to the professor.

The Board discussed moving forward with data collection; determine a timeframe for data collection and analysis; investigate electronic data transmission; examine NABP’s resolution on workplace assessment.

#### B. Dispensing Technicians and Law CE

Current regulations require pharmaceutical technicians to take a law CE biannually. The law CE requirement is not mandatory for dispensing technicians. Board Staff recommended that dispensing technicians be required to complete a law CE biannually.

The Board accepted the recommendation. Board Staff will draft language and move forward to Workshop.

#### C. I.D. on CS Prescriptions

Mr. Pinson stated that the intent of NAC 639.748(2)(b) was to eliminate having to take the identification (I.D.) of a known patient time after time. The language, as written, has created a loophole, as demonstrated in a recent case, when an unknown person picked up four large quantities of controlled substance prescriptions for a “friend.” The individual was not I.D.’d because the patient had the prescriptions previously filled. A few hours later, the patient appeared asking for his refills, and claimed no knowledge of

the “friend” who had picked up her medications. Board Staff feels that the language needs to be strengthened to close this loophole.

The Board accepted the recommendation. Board Staff will draft language and move forward to Workshop.

#### D. Prescription Quantity Change Without Prescriber Authorization

Mr. Pinson stated that the 90-day refill rule has passed legislation. The legislation will allow pharmacists filling maintenance medications (excluding controlled substances), written for a 30-day supply with refills, to dispense up to a 90-day supply without contacting the prescriber. The legislation does not include language that defines “maintenance medication.” Mr. Pinson said that it was his understanding from discussions with RAN, that the amendment to this legislation would include language that the Board of Pharmacy would determine what a “maintenance” drug is. The legislation, as passed, does not give the Board authority to determine which drugs are defined as a maintenance medication.

Ms. Macmenamin said that the legislation passed allows a pharmacist to use his or her professional judgment to increase up to a 90-day supply. She explained that the language was submitted with industry support, and also reflects what is being done in some other states.

#### 14. Executive Secretary Report

Mr. Pinson reported that the Las Vegas Chamber of Commerce has sold their building, and will not have a meeting facility at their new location. Board Staff has contracted with the Hilton Garden Inn located at 7830 South Las Vegas Boulevard, Las Vegas, Nevada.

The immunization report has been completed and posted to the website as required by statute. The report was sent electronically to all of the Board members. Mr. Pinson recognized Inspector Seidlinger’s excellent work in compiling this report.

##### A. Financial Report

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

##### B. Temporary Licenses

There were four temporary licenses issued since the last meeting.

##### C. Staff Activities

###### 1. Presentations: DO Association; Elected Officials; UHC Physicians

Mr. Pinson reported that since the last meeting, there were presentations to the DO Association by Paul Edwards; Dave Wuest conducted presentations in Ely; Mr. Pinson presented to elected officials in Carson City and to approximately 150 United Health Care physicians in Las Vegas. Russ Smith has scheduled a future presentation to be conducted in Carson City. UCSF and Davis have asked Mr. Pinson to present the drug abuse program in the Truckee area at the end of the summer. Mr. Pinson commented

that these presentations are making an impact on prescribing habits. Comments on the program evaluations from physicians included increased utilization of the PMP, changing prescribing habits, and reducing quantities prescribed.

D. Reports to Board

1. Legislative Update

AB 39: Use of Real Time Stop Sale System for Products that are a Precursor to Methamphetamine: Bill requires the Pharmacy Board to pass regulations to fill in details.

AB 170: Advanced Practice Nurses: APNs will be known as Advanced Practice Registered Nurse (APRN); will be “licensed” rather than “registered”; Collaborative Agreements are no longer required for new graduates who do not intend to prescribe Schedule II’s; APNs can write for Schedule II’s without a Collaborative Agreement if they have 2 years or 2000 hours of experience.

SB 81: Provides for a Cancer Drug Donation Program: Authorizes pharmacists and/or physicians to dispense donated cancer drugs.

SB 220: Increases Criminal Status of Unlicensed Practice of Medicine. Give’s Boards increased authority for criminal penalties; authority to enter and inspect; filing of anonymous complaints; forward to law enforcement evidence of unlicensed practice; cite and fine authority.

SB 327: Telemedicine: redefines “physical examination” requirement; allows “examine” over a telephonic or video link; Boards’ cannot refuse to license practitioner or pharmacist on the sole basis that they are physically located outside of the state and/or country; records of refills can be kept in an electronic format; pharmacist can dispense up to a 90-day supply of a dangerous drug where the practitioner prescribed less than a 90-day supply with periodic refills.

SB 453: Requires Auto-Injectable Epinephrine in Public Schools: Order required to be obtained from practitioner; school personnel allowed to diagnosis anaphylaxis and possess and administer epinephrine.

SB 374: Provides for Registration of Medical Marijuana Dispensaries: not signed by Governor as of June 12, 2013.

2. NABP Annual Meeting

Mr. Basch reported that the NABP annual meeting in May provided many CE opportunities. He noted, in particular, education regarding veterinary medicine. Many pharmacists are not aware that some medications which are safe for human consumption may be toxic to animals. Pharmacists are encouraged to use available resources such as the “Merck Manual on Veterinary Medicine” or online resources to ensure accurate information is provided. The Board requested that Board Staff invite the Veterinary Board to contribute an article to the Pharmacy Board newsletter.

-NABP is continuing to inspect compounding pharmacies for Iowa.

-Daniel F. Luce, National Director of Pharmacy Affairs with Walgreens, was honored at the annual meeting with the Henry Cade Memorial Award for his efforts in protecting the public health.

3. April Consent Agenda Applications

Mr. Pinson reported that Board Staff contacted the three out of state pharmacies whose applications were pending until further clarification of services was provided. Licenses have now been issued to those pharmacies.

E. Board Related News

1. Senate HELP Committee Draft Legislation

A copy of the draft legislation was presented for Board information.

F. Activities Report

15. General Counsel Report

Mr. Edwards reported that a Canadian mail order pharmacy is mailing flyers to consumers advertising the availability of prescription drugs at a significant cost savings from licensed pharmacies located in India, Singapore and Europe. LegitScript is a verification and monitoring service for online pharmacies and is endorsed by NABP. NABP reviews internet drug outlets and distinguishes those that do and do not comply with pharmacy laws and practice standards. Those that appear to be out of compliance with these criteria are listed on the NABP website. Board Staff reported the Canadian advertisement to LegitScript for investigation. In addition, Mr. Edwards has sent a cease and desist letter to the Canadian company informing them that they must discontinue this practice and/or submit an application for a Nevada license.

The Board felt that it would be beneficial to include an article about LegitScript in the Board's newsletter.

Update on Lawsuit

Mr. Edwards updated the Board regarding the complaint from the Washoe District Court that alleges that the Douglas County District Attorney's office accessed the PMP portal and used the information inappropriately. The complainant is suing for defamation. A motion was filed and granted to dismiss the case due to lack of jurisdiction. The plaintiff's counsel has filed an amended complaint. Mr. Edwards has filed a motion to strike the amended pleading. The case is before the court awaiting the judge's decision.

16. Personnel Review

A. Personnel Evaluation

Larry Pinson commended his entire staff citing their hard work, efficiency and their ability to work together as a team toward common goals. He cited several attributes and accomplishments of all members of the staff.

Mr. Pinson noted that the Legislature did not approve salary increases again this session. Staff has not received a pay increase for five years. One concern is the retention of the pharmacists on staff, noting that they are not being compensated at the current market rate.

## B. Executive Secretary Evaluation

President Gandhi commended Mr. Pinson's hard work and leadership. Mr. Pinson's leadership is reflected in the quality of work produced by Board Staff and their availability and responsiveness to serve the public.

### Goals:

- Establish task force or committee to address pending legislation to include members from the industry and public.
- Regulation tracking log included in Board Book.

The Board requested Mr. Pinson schedule the lobbyist to attend a future meeting and provide an update on the 2013 Nevada Legislature.

## WORKSHOP

### 17. Proposed Regulation Amendment Workshop

- A. **Amendment of Nevada Administrative Code 639.710** Expands the ability to have prescription medications delivered from a pharmacy to a patient.

### Public Comment:

Ken Bender, Omnicare Pharmacy Manager-Reno, expressed his appreciation to the Board for recognizing that expanding the delivery requirement from a pharmacy employee to an agent or third party service greatly facilitates the ability to make multiple deliveries on a stat basis without burdening an employee roster or the processes within the pharmacy. Since an electronic record is acceptable "so long as such record retains the information required by 2(a)", he suggested changing the language in section 2(a)(i) and (ii). to require only "the name" and not the signature. The information is named in the electronic record without a signature. Driver's logs and the forms signed by the receiving nurse are typically separate documents. A paper receipt signed by the receiving nurse is used in addition to an electronic scan. The paper receipt and scanned signature are maintained in electronic storage.

Burt Bates, Safeway/Von's Regional Pharmacy Manager, stated that Safeway has twelve locations in Nevada and twelve in California. California allows third party delivery services. Mr. Bates said his corporation discontinued delivery service in Nevada when they became aware of the law. Mr. Levine offered comments in support of allowing a commercial delivery service. Safeway's customer base includes many patients that are elderly, home bound or disabled. Many have limited or no means of transportation and/or do not have the funds for public transportation. Safeway Pharmacy was servicing nursing homes, assisted living and independent living facilities in Nevada, but has lost that business since commercial delivery of prescription medications is prohibited by law. The issue of delivery by an employee of the pharmacy includes staffing, workflow and insurance issues. Mr. Bates said that his corporation

contracts with professional delivery services that are licensed through the state. There is a background check on all drivers, and all drivers are bonded. Delivery is made only to established customers.

Danny Levine, Professional Courier and Logistics, said that his company has been delivering for Safeway/Von's for ten years. Dedicated drivers are assigned to a certain location. Drivers pick up directly from the pharmacy and report back to the pharmacy at the end of the delivery schedule. The chain of custody is never violated. Background checks and drug screening procedures are in place for drivers. Drivers are HIPPA certified.

Dennis McAllister, Express Scripts, said that he is currently licensed in ten states, and represents his company at the Boards of Pharmacy in eighteen states. He commented that he has not seen a regulation like this in other states and felt that it's overregulation for a non-existent problem. The Board has jurisdiction over the pharmacy license and the pharmacist in charge. If they are sending out things and causing a public health issue, the Board can sanction them. The chain of custody flow does not fit all circumstances and leaves pharmacies open to potential non-compliance. He stated that since the Board has jurisdiction, this regulation may be excessive and onerous and the Board may consider not having it.

Richard Adinolfi, Regional Sales Director, Dynamex, stated that his company provides pharmaceutical courier service throughout the country. This delivery system offers a secure and efficient delivery process through electronic chain of custody technology, which includes customized reporting, bar code scanning, and a record of delivery history. Background checks, DMV requirements and random drug screening procedures are in place for individuals transporting/delivering pharmaceuticals. Mr. Adinolfi stated that he has checked with several other states, and they do not regulate pharmaceutical delivery services.

The Board felt that this regulation may have been useful at one time, but other existing regulations currently in place address many of the issues included in this regulation. Vacating this regulation will improve public access particularly in rural areas.

Board Action:

Motion: Cheryl Blomstrom moved that the proposed amendment NAC 639.710 go forward to Public Hearing to eliminate the regulation in total.

Second: Jody Lewis

Action: Passed Unanimously



- B. **Amendment of Nevada Administrative Code 453.510** Add certain synthetic cannabis or “spice drugs” to Schedule I.

Mr. Pinson stated that law enforcement keeps Board Staff apprised of new compounds that are showing up in the area. They have identified five new synthetic drugs, and have requested the new compounds be added to Schedule I.

Mr. Edwards commented that the proposed amendment is supported by David Goldthorpe, Las Vegas Metro Forensics Controlled Substance Unit and the Clark County Crime Lab.

Mr. Basch noted that the first drug name listed under section 4 of the proposed amendment is misspelled. The correct spelling should include a “p” between the “y” and “t” (Alpha-ethyltryptamine).

Board Action:

Motion: Cheryl Blomstrom moved that the proposed amendment NAC 453.510 go forward to Public Hearing with the correction as noted.

Second: Jody Lewis

Action: Passed Unanimously

- C. **Amendment of Nevada Administrative Code 639.050** Storage and Destruction of Certain Controlled Substances

David Wuest explained that the current regulation requires an agent of the Board to be present when wasting certain controlled substances. The amendment will allow facilities to waste controlled substances without an agent of the Board present. The practitioner or pharmacy must complete a DEA Form 41 (“Registrants Inventory of Controlled Substances Surrendered”) and forward a copy to the DEA and a copy to the Board Office.

Board Action:

Motion: Russell Smith moved that the proposed amendment NAC 639.050 go forward to Public Hearing.

Second: Cheryl Blomstrom

Action: Passed Unanimously

PUBLIC HEARING

18. Notice of Intent to Act Upon a Regulation

**Amendment of Nevada Administrative Code 639.753** Declination of Pharmacist to Fill Prescription

President Gandhi opened the Public Hearing.

Dan Luce, National Director of Pharmacy Affairs with Walgreens, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Luce said that in light of the current environment in pharmacy practice today, Walgreens in following their good faith dispensing policy, declines more controlled substance prescriptions than before. NAC 639.753 states that if the pharmacist declines to fill a prescription that he feels is fraudulent, the prescription must be retained and not returned to the patient. Mr. Luce is concerned that pharmacists are being put in harm's way because some patients may want the prescription returned and not maintained by the pharmacy. He asked for the Board to go on record that if a pharmacist declines to fill a controlled substance prescription and feels threatened or in harm's way, they can give the prescription back to the patient.

Mr. Pinson stated, for the record, that Board Staff will not discipline a pharmacist who declines to fill a prescription and returns that prescription to the patient, if the pharmacist feels threatened or in danger.

Liz Macmenamin, RAN, and Josh Hicks, RAN General Counsel, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Macmenamin thanked the Board for their efforts in moving this regulation forward. She stated that RAN and its members support the language. Ms. Macmenamin commented that in addition to Walgreens, she has been contacted by other members who expressed the same concerns regarding declination to fill and return of the prescription. She thanked Mr. Pinson for going on record and addressing those concerns.

Mr. Hicks thanked the Board and Board Staff for their work on this regulation adding that he appreciated the opportunity to be here for the final adoption.

Adam Porath, representing the Nevada Society of Health System Pharmacists, stated that he supports the language in the regulation and thanked the Board for their efforts. He asked for clarification regarding "potentially" versus "imminently" in Section 1(b).

Mr. Pinson stated that in either case, the intent is to encourage the pharmacist to contact the prescriber to discuss any concerns the pharmacist has in filling the prescription. The pharmacist can exercise his judgment at that point and needs to document the conversation with the prescriber.

The Board discussed and clarified that if contact cannot be made with the prescriber or the on-call physician, and the pharmacist is not comfortable filling the prescription, the pharmacist can decline to fill. In cases where there is concern regarding certain prescribers based on prescribing activity, the pharmacist should make an attempt to contact the prescriber to ensure the prescription is valid and document the conversation. It is not necessary to contact the prescriber each time for the same patient.

President Gandhi closed the Public Hearing.

Board Action:

Motion: Russell Smith moved to adopt the regulation as presented

Second: Cheryl Blomstrom

Action: Passed Unanimously

19. Next Board Meeting:

July 24-25, 2013 – Las Vegas, Nevada

20. Public Comment

June 13, 2013

Liz Macmenamin, RAN, thanked the Board and expressed her support of the creation of a task force to discuss legislative issues.

**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.

☒ 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: American Rx, LLC.

Physical Address: 412 South Court St. Suite 300 Florence AL 35630

Mailing Address: PO Box 793 \$

City: Florence State: AL Zip Code: 35631

Telephone: 256-766-1700 Fax: 855-672-2674

Toll Free Number: 877-461-6335 (Required per NAC 639.708)

E-mail: americanrx@yahoo.com Website: myamericanrx.com

Managing Pharmacist: Garry Phillip Watson License Number: AL P9824

**Hours of Operation:**

Monday thru Friday 8 am 4 pm

Saturday 8 am 12 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**  
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
<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: BIORY LLC  
Physical Address: 1819 Aston Ave Ste 102  
Mailing Address: same  
City: Carlsbad State: CA Zip Code: 92008  
Telephone: 760 707 1486 Fax: 760 931 0516  
Toll Free Number: 866 827 0972 (Required per NAC 639.708)  
E-mail: pwalsh@biory.net Website: www.biory.net  
Managing Pharmacist: Patti Walsh License Number: 40426

**Hours of Operation:**

Monday thru Friday 9:00 am 6:00 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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63479

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

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

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

Application must be printed legibly or typed

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

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: CANAM Medical, LLC d/b/a Freedom Medical Direct  
Physical Address: 7909 State Route 14, Suite 300, DuQuoin, IL 62832  
Mailing Address: 1049 N Clay Ave, Suite 300  
City: Kirkwood State: MO Zip Code: 63122  
Telephone: (618) 542-1928 Fax: (618) 542-1932  
Toll Free Number: 877-655-8527 (Required per NAC 639.708)  
E-mail: stephensommer@sbcglobal.net Website: \_\_\_\_\_  
Managing Pharmacist: Bradley K. Galli License Number: 051037025

**Hours of Operation:**

Monday thru Friday 10 am 4 pm      Saturday None am \_\_\_\_\_ pm  
Sunday None am \_\_\_\_\_ pm      24 Hours None

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

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

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: Om red ganesh DBA JDiscant Pharmacy  
Physical Address: 1344 W. Western Avenue  
Mailing Address: 1344 W. Western Avenue  
City: Chicago State: IL Zip Code: 60622  
Telephone: 773.278.5337 Fax: 773.278.5365  
Toll Free Number: 888.707.5039 (Required per NAC 639.708)  
E-mail: jayswholesale@gmail.com Website: \_\_\_\_\_  
Managing Pharmacist: Jatinkumar Patel License Number: 051.037343

**Hours of Operation:**

Monday thru Friday 9 am 6 pm      Saturday 9 am 3 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  
**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 type="checkbox"/> New Pharmacy<br>(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: MiRx Pharmacy

Physical Address: 2075 Overland Ave Ste B101

Mailing Address: PO Box 211609

City: Billings State: MT Zip Code: 59102

Telephone: (406) 809-6551 Fax: (406) 809-6552

Toll Free Number: 800-894-1496 (Required per NAC 639.708)

E-mail: miRx@EBms.com Website: EBms.com

Managing Pharmacist: Jamie Vashus License Number: 4843

**Hours of Operation:**

Monday thru Friday 8 am 4 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 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**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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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: MIZNER PHARMACY

Physical Address: 104 NE 2nd Street Boca Raton, FL 33432

Mailing Address: 104 NE 2nd Street Boca Raton, FL 33432

City: Boca Raton State: FLORIDA Zip Code: 33432

Telephone: 561-953-3031 Fax: 1-800-676-1245

Toll Free Number: 1-800-939-2155 (Required per NAC 639.708)

E-mail: info@mizner-pharmacy.com Website: (none)

Managing Pharmacist: Angela L. Mann License Number: PS20351

**Hours of Operation:**

Monday thru Friday 9:30 am 6 pm

Saturday 10 am 2 pm

Sunday CLOSED 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**  
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 (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: OK Compounding

Physical Address: 102 N Broadway

Mailing Address: 102 N Broadway

City: Spokane State: OR Zip Code: 74070

Telephone: 918-390-0100 Fax: 918-390-0113

Toll Free Number: 855-390-0100 (Required per NAC 639.708)

E-mail: Stacie.miller@okcompounding.com Website: OKcompounding.com

Managing Pharmacist: Stacie Miller License Number: Oklahoma 13125

**Hours of Operation:**

Monday thru Friday 8:30 am 5:30 pm      Saturday 9 am 1 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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63561

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

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

Application must be printed legibly or typed

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- |   |  |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy<br>(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: Pharmacy Alternatives California, LLC

Physical Address: 4709 East Chapman Ave.

Mailing Address: same

City: Orange State: CA Zip Code: 92869

Telephone: 714-532-1007 Fax: 714-532-1565

Toll Free Number: 877-623-0274 (Required per NAC 639.708)

E-mail: spatel@palrx.com Website: www.palrx.com

Managing Pharmacist: Sailesh Patel License Number: 10110

**Hours of Operation:**

Monday thru Friday 9:00 am 6:00 pm      Saturday 9:00 am 1:00 pm

Sunday closed am \_\_\_\_\_ pm      24 Hours Yes

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

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

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

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<input checked="" type="checkbox"/> New Pharmacy <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 checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Ownership Change <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Precise Compounding Pharmacy

Physical Address: 10810 Washington Blvd., Suite C, Culver City, CA 90232

Mailing Address: 10810 Washington Blvd., Suite C, Culver City, CA 90232

City: Culver City State: CA Zip Code: 90232

Telephone: (310) 559-5555 Fax: (310) 559-5553

Toll Free Number: (888) 345-6857 (Required per NAC 639.708)

E-mail: preciserx@gmail.com Website: www.precisecompounding.com

Managing Pharmacist: Ashkan Kohanpour License Number: 56067

**Hours of Operation:**

Monday thru Friday <u>9:00</u> am <u>5:30</u> pm	Saturday <u>8:00</u> am <u>12:00</u> pm
Sunday <u>NA</u> am _____ pm	24 Hours _____

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

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

Application must be printed legibly or typed

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: PREMIER PHARMACY SERVICES  
Physical Address: 2657 SATURN ST BREA CA 92821  
Mailing Address: 2657 SATURN ST BREA CA 92821  
City: BREA State: CA Zip Code: 92821  
Telephone: 714 961 7930 Fax: 714 579 3785  
Toll Free Number: 800-540-4700 (Required per NAC 639.708)  
E-mail: ssamuel@goodhealth.com Website: www.premierpharmacyservices.ca  
Managing Pharmacist: Myrna Cortez License Number: RPH 46795

**Hours of Operation:**

Monday thru Friday 24h/day am        pm  
Sunday        am        pm  
Saturday        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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63659

**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"/> <b>New Pharmacy</b> (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> <b>Ownership Change</b>
<input type="checkbox"/> <b>Publicly Traded Corporation – Pages 1,2,3,7</b>	<input type="checkbox"/> <b>Partnership - Pages 1,2,5,7</b>
<input checked="" type="checkbox"/> <b>Non Publicly Traded Corporation – Pages 1,2,4,7</b>	<input type="checkbox"/> <b>Sole Owner – Pages 1,2,6,7</b>
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: Specialty Rx, Inc. dba PROSPERITY SPECIALTY PHARMACY

Physical Address: 2924 TELESTAR COURT FALLS CHURCH, VA 22042

Mailing Address: c/o ACARIAHEALTH 6923 LEE VISTA BLVD. STE 300

City: ORLANDO State: FL Zip Code: 32822

Telephone: 703-208-1880 Fax: 866-927-9870

Toll Free Number: 866-920-1880 (Required per NAC 639.708)

E-mail: Licensing@Acariahealth.com

Website: \_\_\_\_\_

Managing Pharmacist: JAMES R WHITFORD License Number: 0202010133 VA

**Hours of Operation:**

Monday thru Friday 8:00 am 6:00 pm

Saturday 9:00 am 12:00 pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm

24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Quality Specialty Pharmacy

Physical Address: 2233 W. Lomita Blvd

Mailing Address: \_\_\_\_\_

City: Lomita State: CA Zip Code: 90717

Telephone: (310) 530-2444 Fax: (310) 530-8761

Toll Free Number: 888-631-6982 (Required per NAC 639.708)

E-mail: ARTEM@QSPRX.COM Website: WWW-QualitySpecialtyPharmacy.com

Managing Pharmacist: Vladislav Terentev License Number: PHY 50710

**Hours of Operation:**

Monday thru Friday 9 am 7 pm

Saturday 9 am 5 pm

Sunday closed pm

24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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



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

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

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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: Skyemed Pharmacy & Infusion Services, Inc.  
Physical Address: 1332 N. Federal Highway  
Mailing Address: 1332 N. Federal Highway  
City: Pompano Beach State: FL Zip Code: 33062  
Telephone: 866-778-8255 Fax: 800-432-6614  
Toll Free Number: 866-778-8255 (Required per NAC 639.708)  
E-mail: eric.tomczak@skyemed.com Website: www.skyemed.com  
Managing Pharmacist: Eric Tomczak, Pharm D License Number: PS34450

**Hours of Operation:**

Monday thru Friday 9:00 am 5:30 pm      Saturday 9:00 am 2:00 pm  
Sunday 9:00 am 1:00 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 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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63602



**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<br>(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: Sterlington Village Pharmacy  
Physical Address: 10374 Highway 165 N Ste. C, Sterlington, LA 71280  
Mailing Address: 1485 Livingston Lane  
City: Jackson State: Mississippi Zip Code: 39213  
Telephone: 318-812-2305 Fax: 318-665-0092  
Toll Free Number: 888-210-2624 (Required per NAC 639.708)  
E-mail: stervillpharmacy@gmail.com Website: N/A  
Managing Pharmacist: John Lauve License Number: 8991

**Hours of Operation:**

Monday thru Friday <u>9:00</u> am <u>6:00</u> pm	Saturday <u>9:00</u> am <u>12:00</u> pm
Sunday <u>closed</u> am _____pm	24 Hours <u>N/A</u>

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

63660

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

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

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: The Compounding Shop  
Physical Address: 4000 Park Street N.  
Mailing Address: 4000 Park Street N.  
City: St. Petersburg State: FL Zip Code: 33709  
Telephone: (727) 381-9799 Fax: (727) 347-2050  
Toll Free Number: (866) 792-6731 (Required per NAC 639.708)  
E-mail: LinaROMA@tampabay.rr.com Website: www.gotocompoundingshop.com  
Managing Pharmacist: Michael S. Haulsee License Number: PS22427

**Hours of Operation:**

Monday thru Friday 10 am 6 pm      Saturday ON CALL am ON CALL pm  
Sunday ON CALL am ON CALL pm      24 Hours NA

**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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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63490

**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: THE MEDICINE CENTER

Physical Address: 2036 EAST 6200 SOUTH

Mailing Address: 2036 EAST 6200 SOUTH

City: SALT LAKE CITY State: UTAH Zip Code: 84121

Telephone: 801-278-2101 Fax: 801-278-2015

Toll Free Number: 888-674-9698 (Required per NAC 639.708)

E-mail: LEE@MEDICINECENTERRX.COM Website: WWW.MEDICINECENTERRX.COM

Managing Pharmacist: LEE NIELSON License Number: 145706-1701

**Hours of Operation:**

Monday thru Friday 9:00 am 6:00 pm      Saturday 9:00 am 1:00 pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_  
*CLOSED*

**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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63409

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New Pharmacy	<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: McCully Snyder Pharmacy Inc dba The Snyder Ctr of PAIN PHARMACOLOGY

Physical Address: 102 E. Highland Ave Inverness FL 34452

Mailing Address: Same

City: Inverness State: FL Zip Code: 34452

Telephone: 8W-226-2023 Fax: 1-800-361-6869

Toll Free Number: 1-800-226-2023 (Required per NAC 639.708)

E-mail: Jessica@custommeds.com Website: www.custommeds.com

Managing Pharmacist: Jessica Jarvis License Number: PH12847

### Hours of Operation:

Monday thru Friday 8<sup>30</sup> am 5 pm

Saturday 9<sup>00</sup> am 12<sup>00</sup> pm

Sunday Closed am \_\_\_\_\_ pm \_\_\_\_\_

24 Hours \_\_\_\_\_ phone \_\_\_\_\_

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

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

Physical Address: 1519 Highway 22, Madisonville Center, Ste 5

Mailing Address: 1519 Highway 22, Madisonville Center, Ste 5

City: Madisonville State: La Zip Code: 70447

Telephone: 985 792 2391 Fax: 855 848 3661

Toll Free Number: 877 558 7943 (Required per NAC 639.708)

E-mail: orders@willowpharmacy.net Website: N/A

Managing Pharmacist: Jared Schwab License Number: PST.019091

**Hours of Operation:**

Monday thru Friday <u>9</u> am <u>5</u> pm	Saturday <u>8</u> am <u>12</u> pm
Sunday <u>closed</u> am <u>closed</u> 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 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: Care Concepts Louisiana Inc

Physical Address: 19809 Prairie Street Suite 200 Chatsworth, CA 91311-6504  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 19809 Prairie Street Suite 200

City: Chatsworth State: CA Zip Code: 91311-6504

Telephone: 818-308-3800 Fax: 818-308-3801

E-mail: gricketts@careconcepts.com Website: careconcepts.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Geoffrey Ricketts

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

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

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

### FACILITY INFORMATION

Facility Name: Carepoint - GH Medical

Physical Address: 2965 N. Germantown Rd #116  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P O Box 5189

City: Glen Allen State: VA Zip Code: 23058

Telephone: 800-414-9581 Fax: 800-603-2698

E-mail: patricia@ghmedsupply.com Website: www.ghmedsupply.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Patricia Barnett

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

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

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

Other: \_\_\_\_\_

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

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

## NEVADA STATE BOARD OF PHARMACY

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

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(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<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: Choice Medical Healthcare, Inc.

Physical Address: 565 East 4500 South A120  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 565 E. 4500 S. A120

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

Telephone: 801-386-5800 Fax: 801-904-3916

E-mail: dcrump@choicemedco.com Website: www.choicemedco.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4  
Fri: 9 to 4 Sat: 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: David Crump

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

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Gases**                    | <input checked="" type="checkbox"/> Assistive Equipment     |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input 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: Please see letter of explanation Telephone: \_\_\_\_\_



David Crump  
Choice Medical Healthcare, Inc  
565 East 4500 South, Suite A120  
Salt Lake City, UT 84107  
January 9, 2013

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

Dear Board of Pharmacy:

Please note that Choice Medical Healthcare is applying for an Out-of-State MDEG License. We are an ACHC accredited DME that provides sleep apnea equipment. Per your requirement for a Respiratory Therapist to do set-ups for CPAPs we will contract one prior to distributing these supplies in Nevada and we will appoint that person as our contact to ensure continued care in the case event of an emergency.

If you have any questions regarding this letter of explanation please contact me, David Crump, at 855-285-4988 x 1001.

Sincerely,



David Crump  
Director of Operations

## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

#### FACILITY INFORMATION

Facility Name: Complete Medical Homecare

Physical Address: 208 S. Sunrise Dr. Raymore, MO 64083  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 208 S. Sunrise Dr.

City: Raymore State: MO Zip Code: 64083

Telephone: 816-322-8802 Fax: 816-322-5887

E-mail: Kshea@globalmaddirect.com Website: N/A

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6  
Fri: 8 to 6 Sat: closed to Sun: closed to Holidays: closed to

#### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Shea

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

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

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

### FACILITY INFORMATION

Facility Name: CranioMandibular Rehab, Inc.

Physical Address: 2600 W 29th Ave, STE 102G,  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: \_\_\_\_\_

City: Denver State: CO Zip Code: 80211

Telephone: 303-433-8770 Fax: 303-480-9115

E-mail: support@cranio rehab.com Website: www.cranio rehab.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9 to 4 Sat: to Sun: to Holidays: to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Christensen

### 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 checked="" 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: \_\_\_\_\_

## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

### FACILITY INFORMATION

Facility Name: Med Life & Orthopedic Shoes, Inc

Physical Address: 7502 Foothill Blvd Suite 102 Tujunga, CA 91042-2117  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7502 Foothill Blvd Suite 102

City: Tujunga State: CA Zip Code: 91042-2117

Telephone: 888-990-9270 Fax: 877-320-4743

E-mail: min@medlifehealthcare.com Website: www.medlifehealthcare.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9 to 4 Sat: to Sun: to Holidays: to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Min Yoo

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

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" 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: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

### FACILITY INFORMATION

Facility Name: National Seating + Mobility, Inc.  
Physical Address: 8642 North 78th Ave, Ste 2, Peoria AZ 85345  
(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 closed Sun: closed to closed Holidays: closed to closed

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jason Berges / branch mgr

### 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: 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: NovoCure, Inc.

Physical Address: 195 Commerce Way, Portsmouth, NH 03801  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 195 Commerce Way

City: Portsmouth State: NH Zip Code: 03801

Telephone: 603-436-2809 Fax: 603-501-4298

E-mail: aprimm@novocure.com Website: www.novotftherapy.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30<sup>AM</sup> to 5<sup>PM</sup> Tue: 8:30<sup>AM</sup> to 5<sup>PM</sup> Wed: 8:30<sup>AM</sup> to 5<sup>PM</sup> Thu: 8:30<sup>AM</sup> to 5<sup>PM</sup>  
Fri: 8:30<sup>AM</sup> to 5<sup>PM</sup> Sat: on call Sun: on call Holidays: on call

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mike Ambrogio

### 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>NOVO TF-100A and INE Transducer Arrays</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: Product & Technical Support Telephone: 1-855-281-9301

## 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: Reglera

Physical Address: 11925 W 1-70 Frontage Rd. N, Suite 900  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 11925 W 1-70 Frontage Rd. N, Suite 900

City: Wheat Ridge State: CO Zip Code: 80033

Telephone: (303) 832-8200 Fax: (303) 832-6700

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

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

#### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Emily Swanson-Parker

#### 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: cardiovascular & imaging 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: 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 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: Watson Pharma, Inc. dba Actavis Pharma, Inc.

Physical Address: 705 Tri-State Parkway, Unit B

Mailing Address: ~same~

City: Gurnee State: IL Zip Code: 60031

Telephone: 847-377-5500 Fax: 847-377-5501

Toll Free Number: N/A

E-mail: richard.lichtenberger@watson.com Website: www.watson.com

Facility Manager: Richard T. Lichtenberger, Jr.

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

PT

63413



# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH \_\_\_\_\_)

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

☐ Partnership – Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

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

### GENERAL INFORMATION

Facility Name: Atlantic Biologicals / National Apothecary Solutions

Physical Address: 8160 Aviation Parkway, Suite 400-B, Morrisville, NC 27560

Mailing Address: 20101 NE 110th Place

City: Miami State: FL Zip Code: 33179

Telephone: 305-190-4233 Fax: 305-760-7227

Toll Free Number: 80

E-mail: kimberly.hillier@atlanticbiologicals.com Website: www.atlanticbiologicals.com

Facility Manager: Cheffrey Eitz

Professional qualifications and experience of facility manager:

\* SEE ATTACHED \*

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: vets

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 type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH <u>01549</u> )
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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: Cypress Pharmaceutical, Inc./Hawthorn Pharmaceuticals

Physical Address: 135 Industrial Blvd.

Mailing Address: 135 Industrial Blvd.

City: Madison State: MS Zip Code: 39110

Telephone: (601) 856-4393 Fax: (601) 856-7629

Toll Free Number: 1-800-856-4393

E-mail: GPRUITT@CYPRESSRX.COM Website: www.cypressrx.com

Facility Manager: Glenn A. Pruitt

Professional qualifications and experience of facility manager: Have been a Regulatory Manager for over 18 years and with this company for over 16 years. Have been trained on all FDA/DEA/State requirements for distribution.

**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**  
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: DV Medical Supply Inc  
Physical Address: 2635 Manhattan Beach Blvd  
Mailing Address: 2635 Manhattan Beach Blvd  
City: Redondo Beach State: CA Zip Code: 90278  
Telephone: 310-725-5931 Fax: 310-220-2917  
Toll Free Number: 800-438-2568  
E-mail: dvmedsupply@hotmail.com Website: dvmed.com  
Facility Manager: Stephanie Ferguson

Professional qualifications and experience of facility manager: Owner/administrator of business 24 years, Pharmacy veteran 24 years

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

63699

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

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

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

<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: Foundation Care, LLC

Physical Address: 4090 Wedgeway Court

Mailing Address: 4010 Wedgeway Court

City: Earth City State: MO Zip Code: 63045

Telephone: (314) 291-1122 Fax: (314) 291-1133

Toll Free Number: 877-291-1122

E-mail: Regulatory@foundcare.com Website: www.foundcare.com

Facility Manager: Daniel Blakeley

Professional qualifications and experience of facility manager: see attached resume

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 by firm:

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

63700

**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 01858)

☐ 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: Freedom Pharmaceuticals, Inc.  
Physical Address: 801 W. New Orleans St.,  
Mailing Address: 801 W. New Orleans St.,  
City: Broken Arrow State: OK Zip Code: 74011  
Telephone: 918-615-6228 Fax: 918-615-6248  
Toll Free Number: 1-877-839-8547  
E-mail: info@freedomrxinc.com Website: www.freedomrxinc.com  
Facility Manager: Tiffany Turner, Vice-President of Operations  
Professional qualifications and experience of facility manager: See enclosed 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: WH01625 )

☐ 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: Greer Laboratories, Inc.

Physical Address: 639 Nuway Circle NE

Mailing Address: PO Box 800

City: Lenoir State: NC Zip Code: 28645

Telephone: 828-754-5327 Fax: 828-759-7434

Toll Free Number: 800-378-3906

E-mail: kdavis@greerlabs.com Website: greerlabs.com

Facility Manager: David P. Burney, Ph.D.

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\_\_\_\_\_)

☐ 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: Lehigh Valley Technologies, Inc.

Physical Address: 514 N. 12th St. Allentown, PA 18102

Mailing Address: 514 N. 12th St.

City: Allentown State: PA Zip Code: 18102

Telephone: 610-782-9780 Fax: 610-782-9781

Toll Free Number: N/A

E-mail: esmith@lvtechnic.com Website: www.lvtechnic.com

Facility Manager: Michael Libman

Professional qualifications and experience of facility manager: 20+ years in operational management role in manufacturing environments (dosage, chemical)

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: Millstone Medical Outsourcing, LLC

Physical Address: 8836 Polk Lane, Suite 100, Olive Branch, MS 38654

Mailing Address: Same as physical address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 662-892-3612 Fax: 662-893-0924

Toll Free Number: N/A

E-mail: kvolgas@millstonemedical.com Website: www.millstonemedical.com

Facility Manager: Vick Lampkin

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: 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: WH <u>01882</u> )
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**GENERAL INFORMATION**

Facility Name: AndersonBrecon Inc. d/b/a Packaging Coordinators, Inc.

Physical Address: 4545 Assembly Drive

Mailing Address: 4545 Assembly Drive

City: Rockford State: Illinois Zip Code: 61109

Telephone: (815) 484-8900 Fax: (815) 484- 8901

Toll Free Number: N/A

E-mail: Mitchell.Farris@pciservices.com Website: www.pciservices.com

Facility Manager: Mitchell Farris, Quality Assurance Director

Professional qualifications and experience of facility manager: Refer to the attached Resume

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled be firm:**

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

63688

**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: Paratus Health Systems, LLC  
Physical Address: 309 Curie Drive, Alpharetta, GA 30005  
Mailing Address: 309 Curie Drive  
City: Alpharetta State: GA Zip Code: 30005  
Telephone: 678 - 405 - 3277 Fax: 866 - 516 - 3803  
Toll Free Number: \_\_\_\_\_  
E-mail: JAnderson@Paratushealth.com Website: www.Paratushealth.com  
Facility Manager: Jo Anderson  
Professional qualifications and experience of facility manager: 5 1/2 years managing  
PARATUS HEALTH SYSTEMS FACILITY

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☒ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☒ Other: Client's Sales Representatives Csh

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 type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<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.	

**GENERAL INFORMATION**

Facility Name: PARAPRO LLC

Physical Address: 11550 NORTH ~~MERIDIAN~~ MERIDIAN STREET

Mailing Address: 11550 NORTH MERIDIAN STREET, STE 400

City: CARMEL State: IN Zip Code: 46032

Telephone: 317.810.6200 Fax: 317.810.0216

Toll Free Number: ~~800~~ 855.279.6200

E-mail: KERRYW@PARAPRO.COM Website: WWW.PARAPRO.COM

Facility Manager: KERRY W. METTERT

Professional qualifications and experience of facility manager: SEE ATTACHED.

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

**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: POSITUDES, INC.

Physical Address: 44 BOND ST, WESTBURY, NY 11590

Mailing Address: 44 BOND ST

City: WESTBURY State: NEW YORK Zip Code: 11590

Telephone: 516 876-0100 Fax: 516 876 0200

Toll Free Number: 866-767-4883

E-mail: MFUSARO@THEALLIANCEPHARMACY.ORG Website: THEALLIANCEPHARMACY.ORG

Facility Manager: VINCENT FUSARO RPh

Professional qualifications and experience of facility manager: LICENSED PHARMACIST 30 YEARS  
PRESIDENT OF POSITUDES, INC. 13 YEARS

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: \_\_\_\_\_

63412

## 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 MP00783)

☐ 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.

Limited Liability Company

### GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Numotion

Physical Address: 3230 West Desert Inn Rd., Bldg. 3, Suite 150  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 975 Hornet Drive, Suite 250, Hazelwood, MO 63042-2309

City: Las Vegas State: NV Zip Code: 89102-8446

Telephone: (702) 431-1610 Fax: (702) 431-1605

E-mail: mhawkins@unitedseating.com Website: www.unitedseating.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

8:30 am to Noon and 1 pm to 5 pm Monday through Friday  
Mon: to Tue: to Wed: to Thu: to  
Fri: to Sat: Closed to Sun: Closed to Holidays: Closed to

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Roxanne Madonna

### 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: N/A Telephone: \_\_\_\_\_



IV.

When asked, PT's mother showed the prescription bottle filled by Walgreens #03841 to Dr. Larsen. Dr. Larsen observed that the prescription had been filled with acetaminophen with codeine elixir. Dr. Larsen reviewed the prescribing physician's paperwork and noted that the physician had prescribed brand name acetaminophen 160mg/5ml liquid (plain) not the acetaminophen elixir containing codeine that Walgreens dispensed. Dr. Larsen contacted Walgreens #03841. Pharmacist Cuong Ung, the pharmacist on duty, confirmed that the prescription was filled incorrectly.

V.

Pharmaceutical Technician in Training Alexis Hernandez scanned and input the original prescription data into the computer system. Respondent Eman Gobran was the verifying pharmacist.

VI.

During verification of PT's prescription, Respondent Gobran entered an override for a Drug Utilization Review (DUR) warning: "PEDIATRICS 0-3 YEARS INDICATES USING CAUTION WITH ACETAMINOPHEN/CODEINE 120-12MG SOL." When interviewed by the Board Investigator, Respondent Gobran maintained that she did not know how or why she did not catch the error at the time of verifying the information input into the computer, nor could she explain why she overrode the DUR warning. She admitted that the label on the misfilled medication did not contain the complete directions as prescribed by the physician to give 2.5 mls. every 4 to 6 hours for fever higher than 101°. The label on the erred prescription (acetaminophen with codeine elixir), which was dispensed and administered, stated "Give "P" 2.5 mls by mouth every 4 to 6 hours as needed."

**FIRST CAUSE OF ACTION**

VII.

In failing to strictly follow the instructions of patient PT's physician by verifying and dispensing acetaminophen elixir containing codeine rather than acetaminophen 160mg/5ml liquid, Eman Gobran violated Nevada Revised Statute (NRS) 639.210(4) and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

## SECOND CAUSE OF ACTION

VIII.

In failing to act upon the DUR warning, Eman Gobran violated NRS 639.210(4) and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

## THIRD CAUSE OF ACTION

IX.

By mislabeling the misfilled medication to give 2.5 mls by mouth every 4 to 6 hours as needed rather than the prescribed instructions to give 2.5 mls every 4 to 6 hours for fever higher than 101°, Emma Gobran violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

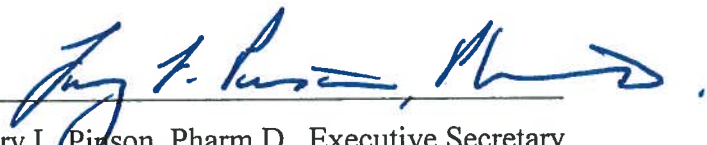
## FOURTH CAUSE OF ACTION

X.

In owning and operating the pharmacy in which the alleged violations occurred, Walgreens Pharmacy #03841 violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(d) and/or (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 14<sup>th</sup> day of June, 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.**

**EMAN HELMI GOBRAN, RPH**  
**Certificate of Registration No. 15284**

**Respondent**

)  
) **CASE NO . 13-004-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.

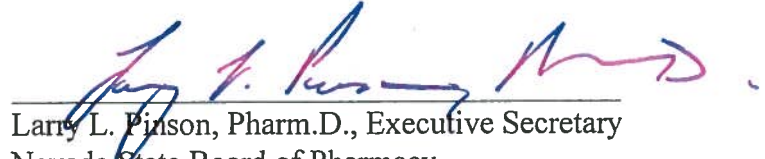
**III.**

The Board has reserved Wednesday, July 24, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 17<sup>th</sup> day of June, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 13-004-RPH-S</b>
<b>Petitioner,</b>	)	
v.	)	
	)	<b>ANSWER AND</b>
<b>EMAN HELMI GOBRAN, RPH</b>	)	<b>NOTICE OF DEFENSE</b>
<b>Certificate of Registration No. 15284</b>	)	
	)	
<b>Respondent</b>	/	

---

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.

---

Eman Helmi Gobran, R.Ph.


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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 14<sup>th</sup> day of June, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 13-004-PH-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>ANSWER AND</b>
<b>WALGREENS PHARMACY #03841</b>	)	<b>NOTICE OF DEFENSE</b>
<b>Certificate of Registration No. PH01063</b>	)	
	)	
<b>Respondent</b>	/	

---

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 #3841

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NOS. 13-025-PT-S</b>
<b>Petitioner,</b>	)	<b>13-025-RPH-A-S</b>
<b>v.</b>	)	<b>13-025-RPH-B-S</b>
	)	<b>13-025-PH-S</b>
<b>SHERRILYN DEFREECE, PT</b>	)	
<b>Certificate of Registration No. PT02080</b>	)	<b>NOTICE OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>DANIEL ANTHONY SHALALA, RPH</b>	)	
<b>Certificate of Registration No. 15615</b>	)	
	)	
<b>RICHIE IKHIDE ODIGIE, RPH</b>	)	
<b>Certificate of Registration No. 18224</b>	)	
	)	
<b>ADVANCED CARE RX PHARMACY 2</b>	)	
<b>Certificate of Registration No. PH02684</b>	)	
	)	
<b>Respondents</b>	<b>/</b>	

---

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 Defreece is a registered pharmaceutical technician with the Board; Respondent Shalala is a registered pharmacist with the Board; Respondent Odigie is a registered pharmacist with the Board; and Respondent Advanced Care Rx Pharmacy 2 is a registered pharmacy with the Board.

II.

On or about April 12, 2013, it came to the Board's attention that Ms. Defreece had not renewed her pharmaceutical technician registration, which expired on October 31, 2012. Board Staff requested Ms. Defreece's work hours from November 1, 2012, through April 12, 2013, from the managing pharmacist at Advanced Care Rx Pharmacy

2, the pharmacy at which Ms. Defreece was employed. Board Staff determined that Ms. Defreece had worked for approximately ninety-four days between November 1, 2012 and April 12, 2013, without a valid pharmaceutical technician registration.

III.

During the period Ms. Defreece worked without a valid registration, Advanced Care Rx Pharmacy 2 had a change of managing pharmacist.

IV.

Daniel Shalala was the managing pharmacist at Advanced Care Rx Pharmacy 2 from November 1, 2012, through February 26, 2013, during which time Ms. Defreece worked approximately sixty-eight days without a valid registration.

V.

Richie Odigie was the managing pharmacist at Advanced Care Rx Pharmacy 2 from February 26, 2013, through April 12, 2013, during which time Ms. Defreece worked approximately twenty-six days without a valid registration.

**FIRST CAUSE OF ACTION**

VI.

By working at Advanced Care Rx Pharmacy 2 for approximately ninety-four days between November 1, 2012 and April 12, 2013, when she did not have a current pharmaceutical technician registration, Sherrilyn Defreece violated Nevada Revised Statute (NRS) 639.210(4), (12) and/or (13) and/or Nevada Administrative Code (NAC) 639.945 (1)(k).

**SECOND CAUSE OF ACTION**

VII.

As the managing pharmacist during the period of November 1, 2012, through February 26, 2013, for the pharmacy in which Ms. Defreece worked without a license, and in failing to verify that Ms. Defreece had timely and validly renewed her registration, Daniel Shalala violated NRS 639.210(4) and/or (15) and/or NAC 639.945(1)(i).

### **THIRD CAUSE OF ACTION**

VIII.

As the managing pharmacist during the period of February 26, 2013, through April 12, 2013, for the pharmacy in which Ms. Defreece worked without a license, and in failing to verify that Ms. Defreece had timely and validly renewed her registration, Richie Odigie violated NRS 639.210(4) and/or (15) and/or NAC 639.945(1)(i).


### **FOURTH CAUSE OF ACTION**

IX.

In owning and operating the pharmacy in which Ms. Defreece worked without a license, and in failing to verify that Ms. Defreece had timely and validly renewed her registration, Advanced Care Rx Pharmacy 2 violated NRS 639.210(4) and/or NAC 639.260 and 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 19<sup>th</sup> day of June, 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.

## NEVADA STATE BOARD OF PHARMACY,

v.

**SHERRILYN DEFREECE**

**Certificate of Registration No. PT02080**

**Respondent**

)  
) **CASE NO. 13-025-PT-S**

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

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

1.

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.

11.

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, July 24, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 19<sup>th</sup> day of June, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 13-025-PT-S</b>
<b>v.</b>	)	
	)	<b>ANSWER AND</b>
<b>SHERRILYN DEFREECE</b>	)	<b>NOTICE OF DEFENSE</b>
<b>Certificate of Registration No. PT02080</b>	)	
	)	
<b>Respondent</b>	/	

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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.

---

Sherrilyn Defreece, PT



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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )

Petitioner, )

v. )

DANIEL ANTHONY SHALALA, RPH )  
Certificate of Registration No. 15615 )

Respondent /

CASE NO. 13-025-RPH-A-S

ANSWER AND  
NOTICE OF DEFENSE

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

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

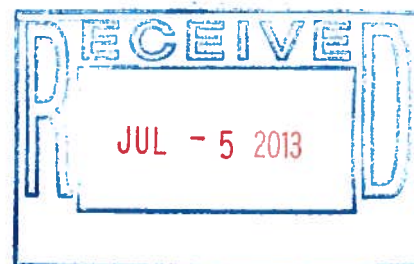
None

Nevada State Board of Pharmacy

I do hereby offer my sincerest  
apologies for above incident. Such  
an oversight shall never happen again.



Daniel Shalala #15615



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

None

Sincerest apologies!

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 3rd day of July, 2013.



Daniel Anthony Shalala, R.Ph.




III.

The Board has reserved Wednesday, July 24, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 19<sup>th</sup> day of June, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 13-025-RPH-B-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>ANSWER AND</b>
<b>RICHIE IKHIDE ODIGIE, RPH</b>	)	<b>NOTICE OF DEFENSE</b>
<b>Certificate of Registration No. 18224</b>	)	
	)	
<b>Respondent</b>	/	

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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.

---

Richie Ikhide Odigie, R.Ph.






III.

The Board has reserved Wednesday, July 24, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 19<sup>th</sup> day of June, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 13-025-PH-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
<b>ADVANCED CARE RX PHARMACY 2</b>	)	<b>ANSWER AND</b>
<b>Certificate of Registration No. PH02684</b>	)	<b>NOTICE OF DEFENSE</b>
	)	
<b>Respondent</b>	/	

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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 Advanced Care Rx Pharmacy 2

## NEVADA STATE BOARD OF PHARMACY,

**V.**

**Respondent**

)
)
)
)
)
)
)
)
/

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

1.

11.

-1-


III.

The Board has reserved Wednesday, July 24, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 19<sup>th</sup> day of June, 2013.

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




**FIRST CAUSE OF ACTION**

V.

By failing to comply with the terms of a subpoena issued by the Board, Mr. Neufeld violated Nevada Revised Statute (NRS) 639.210(4), and/or Nevada Administrative Code (NAC) 639.945(1)(l), and may be subject to disciplinary action pursuant to NRS 639.255(1).

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 1<sup>st</sup> day of April, 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,

NOTICE OF INTENDED ACTION  
AND ACCUSATION

v.  
SIEU LONG, R.PH.  
Certificate of Registration No. 16340

Case No. 12-050-R.PH.-N

SCOLARI'S PHARMACY #26  
Certificate of Registration No. PH01081  
Respondents.

Case No. 12-050-PH-N

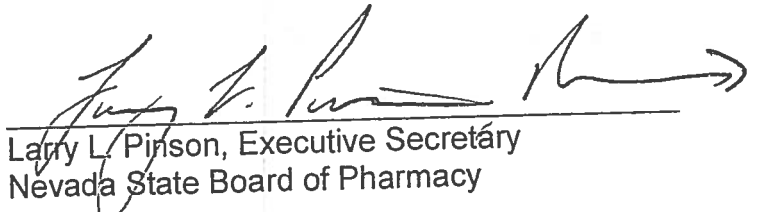
THE NEVADA STATE BOARD OF PHARMACY  
SENDS GREETINGS TO:

Mark Neufeld, Intern  
1418 Summer Glow Avenue  
Henderson, Nevada

WE COMMAND YOU, that all and singular business and excuses being set aside, to appear at a hearing of the Nevada State Board of Pharmacy at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada, on Wednesday, December 5, 2012. The time of the hearing will be set by letter to follow.

Your failure to comply with the terms of this subpoena will result in those penalties as are prescribed by law.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Board this 9<sup>th</sup> day of October, 2012.

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

RETURN OF SERVICE



STATE OF NEVADA )

ss.

COUNTY OF WASHOE )

I HEREBY certify and return that I received the within Subpoena on the 30 day of OCTOBER, 2012 and that I personally served the same upon MARK NEUFELD, a person at least eighteen years of age, at 3717 S. LAS VEGAS BLVD on the 30 day of OCTOBER, 2012.

  
SignatureDaniel J. Garcia  
Name (print)

SUBSCRIBED AND SIGNED before me

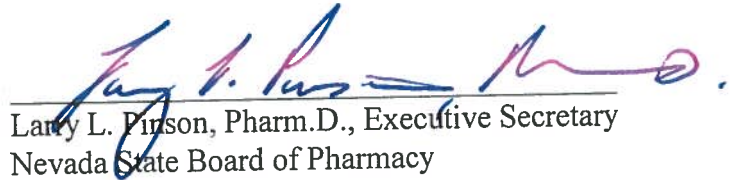
this 30 day of October, 2012by Kimberly Friedman  
NOTARY PUBLIC



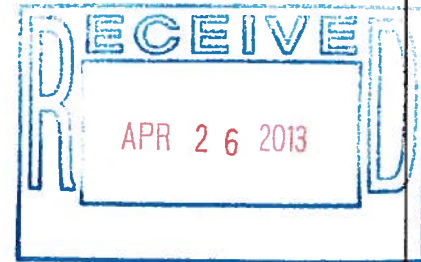
IV.

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 4<sup>th</sup> day of April, 2013.

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

ORIGINAL



Douglas R. Rands, Esq.  
Nevada Bar No. 3572  
RANDS, SOUTH & GARDNER  
9498 Double R Blvd., Ste. A  
Reno, NV 89521  
(775) 827-6464

Attorneys for Respondent

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

\* \* \* \* \*

NEVADA STATE BOARD  
OF PHARMACY,  
  
Petitioner,  
  
vs.  
  
MARK ROBERT NEUFELD,  
Certificate of Registration  
No. IN03286,  
  
Respondent.

Case No.: 13-013-IN-S

**ANSWER AND NOTICE OF DEFENSE**

COMES NOW, Respondent, MARK ROBERT NEUFELD, by and through his counsel, RANDS, SOUTH & GARDNER, Douglas R. Rands, Esq., and in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy (hereinafter referred to as the "Board"), declares 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 grounds set forth below.

Respondent is currently a second year pharmacy student at Roseman University of Health Sciences (hereinafter referred to as "Roseman") located at 11 Sunset Way, Henderson, Nevada. Respondent, through Roseman, obtained a pharmacy internship at Scolari's Food & Drug Company, Store #26 (hereinafter referred to as "Scolari's Pharmacy #26"), located at 1300 Disc Drive, Sparks, Nevada, during May and June 2012. Respondent was a pharmacy intern at Scolari's Pharmacy #26 on the date of the alleged incident that is the subject of *Nevada State Board of Pharmacy v. Sieu Long, R.PH.*, Case No. 12-050-R.PH.-N/12-050-PH-N (hereinafter referred to as "Case No. 12-050-R.PH.-N").

///

RANDS, SOUTH & GARDNER  
9498 Double R Blvd., Ste. A  
Reno, Nevada 89521  
Telephone (775) 827-6464 • Facsimile (775) 827-6496

1 The instant action involves the failure of Respondent to appear pursuant to a subpoena that  
2 was served on him on October 30, 2012, which required his appearance before the Board on  
3 December 5, 2012, in Reno, Nevada, in connection with Case No. 12-050-R.PH.-N. On the date the  
4 subpoena was served, Respondent immediately contacted Scolari's Pharmacy #26, and advised he  
5 had been served with a subpoena and inquired what further action was required of him. Respondent  
6 spoke with Head Pharmacist, Wendy Grady, who advised Respondent that Scolari's legal team would  
7 contact him if any further action was required by Respondent.

8 In addition, on that same date, Respondent also contacted the Board and spoke with a female  
9 representative and explained that Respondent would be in class at Roseman in Henderson on the date  
10 of the hearing regarding Case No. 12-050-R.PH.-N, and that appearing in Reno would be very  
11 difficult. The Board personnel advised Respondent that his testimony could "most likely" be  
12 accomplished via video conference through the Board. Unfortunately, Respondent failed to  
13 document the individual to whom he spoke with at the Board.

14 Based on the telephone conversations set forth above, it was Respondent's understanding that  
15 if any further action was required by him, Respondent would be contacted at a future date either by  
16 a representative of Scolari's legal team, or the Board. Respondent did not receive any further contact  
17 from Scolari's legal team or the Board regarding Case No. 12-050-R.PH.-N and assumed,  
18 incorrectly, that the matter had been handled and his appearance was not required. Accordingly,  
19 Respondent did not appear at the hearing. Regrettably, Respondent did not follow up with Scolari's  
20 legal team and/or the Board to confirm that he would not be required to appear at the hearing on  
21 December 5, 2012.

22 Respondent sincerely regrets the inconvenience caused by his failure to comply with the  
23 subpoena and appear at the hearing. In the future, Respondent will take all action(s) necessary to  
24 ensure that he timely and appropriately responds to the Board or any other licensing agency in  
25 connection with his responsibilities as a licensed member of the pharmacology profession.

26 ///

27 ///

28 ///

1 RESPECTFULLY SUBMITTED this 26<sup>th</sup> day of April 2013.

2 Rands, South & Gardner

3 By: 

4 Douglas R. Rands  
5 9498 Double R Blvd., Ste. A  
6 Reno, NV 89521  
7 Attorneys for Respondent  
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NEVADA STATE BOARD OF PHARMACY,	)	
	)	CASE NO. 13-014-PT-S
Petitioner,	)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
ANNA FRANGEZKA IGNACIO, PT	)	
Certificate of Registration No. PT07946	)	
	)	
Respondent	)	

I.

## II.

### III.

IV.

-1-



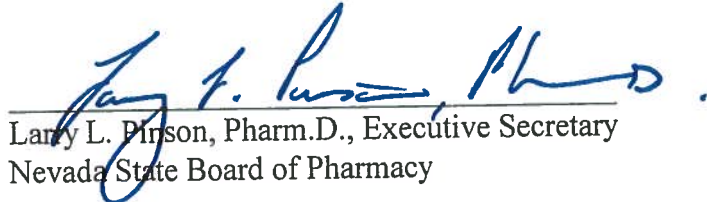
**FIRST CAUSE OF ACTION**

V.

By failing to comply with the terms of a subpoena issued by the Board, Ms. Ignacio violated Nevada Revised Statute (NRS) 639.210(4), and/or Nevada Administrative Code (NAC) 639.945(1)(l), and may be subject to disciplinary action pursuant to NRS 639.255(1).

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 4<sup>th</sup> day of April, 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,

NOTICE OF INTENDED ACTION  
AND ACCUSATION

v.

CHANICE NEWCOMER, R.PH.  
Certificate of Registration No. 17439

Case No. 11-113-R.PH.-S

WALGREEN'S PHARMACY #04197  
Certificate of Registration No. PH01142  
Respondents.

Case No. 11-113-PH-S

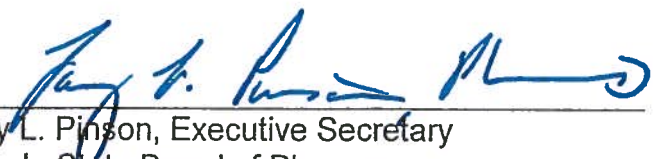
THE NEVADA STATE BOARD OF PHARMACY  
SENDS GREETINGS TO:

Anna Ignacio, PT  
Walgreens Pharmacy #04197  
8500 West Cheyenne Avenue  
Las Vegas, Nevada

WE COMMAND YOU, that all and singular business and excuses being set aside, to appear at a hearing of the Nevada State Board of Pharmacy at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada, on Wednesday, January 16, 2013. The time of the hearing will be set by letter to follow.

Your failure to comply with the terms of this subpoena will result in those penalties as are prescribed by law.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Board this 26th day of September, 2012.

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

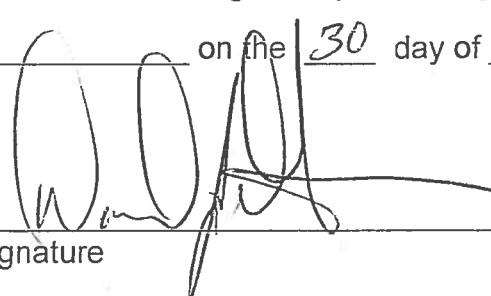
## RETURN OF SERVICE

STATE OF NEVADA

)  
ss.  
)

COUNTY OF WASHOE

I HEREBY certify and return that I received the within Subpoena on the 30 day of  
OCTOBER, 2012 and that I personally served the same upon ANNA IGNACIO  
\_\_\_\_\_, a person at least eighteen years of age, at 8500 WEST  
Cheyenne Ave on the 30 day of OCTOBER, 2012.

  
Signature

DANIEL J GARCIA  
Name (print)

SUBSCRIBED AND SIGNED before me

this 30 day of October, 2012by Kimberly Friedman  
NOTARY PUBLIC



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

I did not attend the meeting due to my daughter being sick. Please refer to the included letter for additional details.

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 11 day of April, 2013.

Anna Ignacio  
Anna Frangezka Ignacio, PT

6220 Caprino Avenue  
Las Vegas, NV 89108

April 11, 2013

Nevada State Board of Pharmacy  
431 West Plumb Avenue  
Reno, NV 89509-3766

To Whom It May Concern,

I am writing this letter in response to the Notice of Intended Action and Accusation (Case No. 13-014-PT-S) filed by the Nevada State Board of Pharmacy (the Board) against me, Anna Frangezka Ignacio. The reason that I failed to appear before the Board on Wednesday, January 16, 2013 was due to the illness of my daughter, Kaili Nicole Tam. Her condition was severe enough that it required her being admitted to the emergency room of the Centennial Hills Hospital Medical Center. She did not attend school the week of January 14 2013 to January 18, 2013 and I also had to take time off from work on January 16, 2013 and January 18, 2013 in order to take care of her. Included with this letter are documents from my daughter's school, my work, as well as the hospital, detailing the events stated on the specified dates.

It was certainly not my intention to not attend the board meeting stated in the subpoena. As a single mother, I often times have to make sacrifices in order to ensure that my daughter is properly taken care of. Unfortunately, in this instance, my daughter's illness prevented me from being present at the meeting on January 16<sup>th</sup>. I cannot express how sorry I am for not appearing, had my daughter not required my attention I most definitely would have fulfilled the request of the subpoena. I hope the Board understands the circumstances of this specific incident and excuse my absence.

Sincerely,



Anna Frangezka Ignacio  
Pharmacy Technician

( Tam, Kaili N. ) Daily Attendance  
Thu, Apr 11, 2013 01:01 PM Page: 1

Thu, Apr 11, 2013 01:01 PM Page: 1

## Daily Attendance

[illegible]





IV.

In her written statement, Ms. Shaw admitted that during the week of February 4, 2013, she diverted seven ciprofloxacin 500 mg. tablets for a friend.

**FIRST CAUSE OF ACTION**

V.

In embezzling money from CVS Pharmacy #8804, Melanie Shaw violated Nevada Revised Statute (NRS) 639.210(1) and/or (4), and/or Nevada Administrative Code (NAC) 639.945(1)(h).

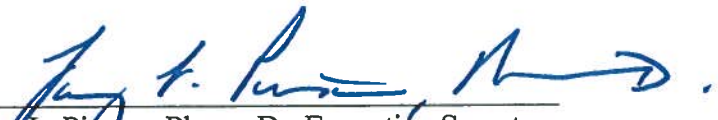
**SECOND CAUSE OF ACTION**

VI.

In removing dangerous drugs, namely ciprofloxacin, Melanie Shaw violated Nevada Revised Statute (NRS) 454.221(1), and/or NRS 639.210(1), and/or (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h).

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

Signed this 1<sup>st</sup> day of May, 2013.

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

**NOTICE TO RESPONDENT**

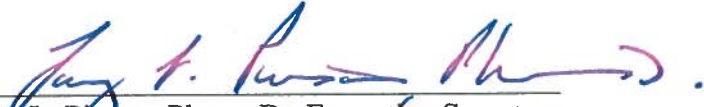
You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written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



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 1<sup>st</sup> day of May, 2013.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 13-015-PT-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>MELANIE C. SHAW, PT</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. PT12709</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent</b>	)	
	/	

---

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.

---

Melanie C. Shaw, PT

# 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: AeroCare Inc

Physical Address: 802 Ave E Ely, Nevada 89301  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3325 Bartlett Blvd

City: Orlando State: FL Zip Code: 32811

Telephone: 405-289-3355 Fax: 405-289-3399

E-mail: lipski.dunne@AEROCAREUSA.COM Website: WWW.AEROCAREUSA.COM

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: / to / Tue: 10:00 AM to 12:00 PM Wed: / to / Thu: 10:00 AM to 12:00 PM

Fri: / to / Sat: / to / Sun: / to / Holidays: / to /

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Patricia Romero

### 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: Rondie Lipski Telephone: 702-257-2575

## 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:

Please refer to the attached

_____	_____	_____
_____	_____	_____

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.

	<u>NO</u>	
<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.

*Patricia Romero*

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

*Patricia A. Romero*

Print Name of Authorized Person

6-5-2013  
Date

Board Use Only

Received: 7/1/13

Amount: \$500.00



# APPLICATION FOR NEVADA MDEG LICENSE

## OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA  
Parent Company if any: AeroCare Holdings Inc  
Corporation Name: AeroCare Inc.  
Mailing Address: 3325 Bartlett Blvd Attn: L. Van Nostrom  
City: Orlando State: FL Zip: 32811  
Telephone: 407-206-0040 Fax: 407-206-0010  
Contact Person: Linda Van Nostrom (303-905-8547-Direct#)

For any corporation non publicly traded, disclose the following:

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

*Only MAJOR shareholder in company*

a) Stephen P Gigg CEO 3325 Bartlett Blvd  
Name Address Orlando FL 32811

b) \_\_\_\_\_  
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. 21.5 *Shares are still owned by AeroCare Holdings Inc*
- 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 n/a

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date

6/4/2013

## 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

Nature of License

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Griggs First Name Stephen Middle Name Paul

Aliases, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise

Present Residence Address-Street or RFD 1360 Place Vendome City Winter Park State/Zip FL 32789

Present Business Address 3325 Bartlett Blvd Dates 2002-Pres City Orlando State/Zip FL 32811

Occupation President Dates 2000-Pres

Phone:  
Residence

Business

Date of Birth

WACO, McLennan County, Texas

Place of Birth (City, County, State)

Age 55 Social Security Number M Sex M

Color of Eyes Blue Color of Hair GRAY Complexion Fair Weight 210 Build Heavy Height 5'10"

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified)

### 2. MARITAL INFORMATION:

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

Applicant's initial

SPB

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden)

Date

City, County, and State

S.S. No.

Date of Birth

Place of Birth

Resident address

Street

City

State

Zip

Telephone: Residence

Business

Spouse's employer

Occupation

Address of employer

Street

City

State

Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City, County, and State
----------------	-------------------------	---------------------------	------------------	-------------------------

Patricia Skinner	5/2001	White Oak, FL		
------------------	--------	---------------	--	--

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

Patricia Campbell		New Smyrna Beach	FL		
-------------------	--	------------------	----	--	--

3. FAMILY INFORMATION:

A. Children and Dependents

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

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

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial

SAG

**FAMILY INFORMATION-Continued**

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

Name N/A

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

Name (Maiden)

based, list last address and occupation

Address

Occupation

Father

(Dec) Charles G. Guggs

2242 Barchony Rd WP, PL 32892 N/A

Mother

Veston Guggs

2242 Barchony Rd WP PL 32752 Oil City Tenn

Father-in-Law

Charles Whippo

2492 Lafayette WP PL 32889 Equipment sales

Mother-in-Law

Dianna Whippo

2492 Lafayette WP PL 32789 N/A

**D. Brothers and Sisters:**

List names, residence address, and of their respective spouses

Name (Maiden)

of birth and most recent occupations of brothers and sisters and of

Address

Occupation

Charles T Guggs

5106 Cicust ONL 12132839 UPS Driver

Spouse

Lisa Guggs

5106 Cicust ONL 12132839 Hammond Elec. S. Division

Spouse

Grant M Guggs

1351 N. Orange, LA, CA 90028 Hotel Worker

Spouse

Spouse

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Brookshire Elem</u>	<u>W.P. PL</u>	<u>1965-68</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Winter Park H.S.</u>	<u>W.P. PL</u>	<u>1972-75</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>East Tennessee State Univ.</u>	<u>Johnson City TN</u>	<u>1977-78</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>University of Central FL</u>	<u>Orlando, FL</u>	<u>1981</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS - Bus Mgmt & Accounting

College or university where obtained East Tennessee - University of Central FL

Applicant's initial SG

# 5. MILITARY INFORMATION:

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

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 ☒

Yes ☐ No ☒

County

State

Date registered

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

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

Date of Arrest	Age	Charge	Location City and State	Disposition/Status	Arresting Agency

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial

396

# 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
Oct 2000 to Pres	1360 Place Vendome	Winter Park	FL, 32789
<del>550 Minchana</del>			
Aug 1992 to Oct 2000	550 Minchana	Matland	FL
Aug 1981 to Aug 1992	608 Brookwood Lane	Matland	FL

Applicant's initial 8/6  
 Page 5



# 8. EMPLOYMENT:

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

Nov 2000 - Pres Auto Care Holdings 3325 Bartlett Blvd ON, RI 02811 still employed

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President	Corporation Oversight	Ted Leberg

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Aug 1988 to Aug 2000	RoTech Medical Corp 4506 E. McLeod Rd ON, RI 02811, Active Opportunity	
President	Corporate Oversight	Bill Kennedy

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Aug 1986 to Aug 1987	Rosie O'Grady's Church St. Orlando, FL SALE	
Controller	Accounting	Bob Windham

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MAY 1983 to Aug 1987	Colley Tambour & Howell Orlando, FL Opportunity	
Accountant	Basic Accounting	Tim Lane

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sep 1981 - May 1982	Rio Pianos C.C.	School
Golf Pro	Partnership - Lessons	Bill Sellers

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Dec 1980 - Sep 1981	CC of Orlando	New Home Pro
Golf Pro	Partnership - Lessons	James Davis

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

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

Applicant's initial

SPG

# 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>Bill Kenady</u>	<u>Home</u>	<u>Orlando</u>	<u>FL</u>	<u>32804</u>		<u>20</u>
Employer <u>Nephew</u>	<u>Business</u>	<u>Orlando</u>	<u>FL</u>	<u>32811</u>		
Name <u>Dicky Girdsht</u>	<u>Home</u>	<u>Winter Park</u>	<u>FL</u>			<u>20</u>
Employer <u>Shutts Bucent</u>	<u>Business</u>	<u>Orlando</u>	<u>FL</u>	<u>32801</u>		
Name <u>Jack Kuykendall</u>	<u>Home</u>	<u>Winter Park</u>	<u>FL</u>	<u>121</u>		<u>40</u>
Employer <u>Kuykendall Brothers</u>	<u>Business</u>	<u>Winter Park</u>	<u>FL</u>	<u>121</u>		
Name <u>James Peacock</u>	<u>Home</u>	<u>Bluffton</u>	<u>SC</u>			<u>20</u>
Employer <u>New River Auto</u>	<u>Business</u>	<u>Bluffton</u>	<u>SC</u>			
Name <u>Steve Long</u>	<u>Home</u>	<u>Winter Park</u>	<u>FL</u>	<u>121</u>		<u>20</u>
Employer <u>Sam King</u>	<u>Business</u>	<u>Winter Park</u>	<u>FL</u>	<u>121</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

Accountant, Florida, 1986-1988

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.

Wholesale Pharmacy & Equipment License, FL, GA, SC, NC, VA, TX, AR, MO, CO,

Applicant's initial SL



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

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

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

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

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

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

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

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



Date of photograph 6/4/13

Applicant's initial SP 6

STATE OF Texas

SS.

COUNTY OF Harris

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

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

Stephen P Guis  
Original Signature of Applicant

Subscribed and Sworn to before me this 6<sup>th</sup> day of June 2013

[Signature]  
Notary Public

(seal)



Applicant's initial

SPG

Blank

# NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

(Please provide current license number if making changes: MP or MW \_\_\_\_\_)

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

☒ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

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

### GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: A New Day Medical LLC

Physical Address: 1911 Losee Rd Ste 110

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

Mailing Address: 1911 Losee Rd Ste 110

City: N Las Vegas State: NV Zip Code: 89030

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: anewdaymedical@gmail.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: Closed Sun: Closed Holidays: Closed

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Andrina Vasquez

### 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: Incontinence 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: \_\_\_\_\_

# 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:

6606940001 - Medicare PTAN Amador Medical

1205128261 - NPI # for Medicaid w/ Amador Medical.

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 checked="" 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.

*Andrina Vasquez*

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

Andrina Vasquez-Sanchez

Print Name of Authorized Person

Date

6/21/13

Board Use Only

Received:

6/27/13

Amount:

\$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: Andrina Vasquez-Sanchez %: 50

Name: Melissa Emralino %: 50

Name: N/A %:

Name: N/A %:

Partnership Name: A New Day Medical LLC

Mailing Address: 1911 Losee Rd Ste 110

City: N Las Vegas State: NV Zip Code: 89030

Telephone Number: 702 654 0065 Fax Number: 702 654 6759

Contact Person: Andrina Vasquez

**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*.



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 6/21/13

## GENERAL INSTRUCTIONS

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

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

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

Application for Medical Supplies  
A New Day LLC Nature of License  
1911 Losee Rd Ste 110  
N. Las Vegas NV 89030  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Vasquez-Sanchez Last Name Andrina First Name Marie Middle Name

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

6641 Maple Mesa St N Las Vegas NV 89084  
 Present Residence Address-Street or RFD City State/Zip

7320 Smoke Ranch Rd Ste H Las Vegas NV 89128  
 Present Business Address City State/Zip

Amador Medical LLC Dates 2/2011 - Present  
 Occupation

Phone:  
 Residence:  
 Business:

Las Vegas NV

Place of Birth (City, County, State)

23  
 Age

F  
 Sex

Brown Color of Eyes Brown Color of Hair light Complexion 118 Weight Skinny Build 5'4" Height

Scars, tattoos or distinguishing marks and/or characteristics tattoo on left shoulder blade that has stars and says wish a tattoo of my husbands name behind my right (omar) year

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



A. Current Marriage

Spouse's full name (Maiden) Omar Vasquez

Date of Birth 6.22.87 Place of Birth Mexico, Puebla

Resident address 6641 Maple Mesa St N Las Vegas NV 89084

Telephone: Reside

Business 702 654 6830

Spouse's employer Collision Bay Occupation Estimator / Owner

Address of employer 1911 Losee Rd Stello N Las Vegas NV 89084

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

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

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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

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

CVS

# 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	Occupation
Father Miguel E Pacheco		Unknown
Mother Janeen A Brooke		Unknown
Father-in-Law Martin Vazquez		Mexico
Mother-in-Law Noemi Sanchez		Mexico

## 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
Ashley Brooker	.....	Unknown	
Spouse ? unknown			
Amanda Pacheco		Unknown	
Spouse unknown			
Kaycee Holder	? Unknown	Michael Pacheco	
Spouse Unknown		Fred Pacheco	
Chance Canton	? unknown	Sara Pacheco	
Spouse Bradley Canton	? unknown	Unknown address & ages.	

## 4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Taos Elementary	?	Questa Elementary 9/94-6/04	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Pahrump High		9/04-9/06	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> w/ GED
College University High Tech Institute			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other University of Phoenix	(Present)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Type of degree obtained, if any	Asso. of Sci. in Surgical Tech.		
College or university where obtained	High Tech Institute		

Applicant's initial

aws

5. MILITARY INFORMATION.

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

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

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

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

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

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

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

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


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

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

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

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

F. Have you 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.

**I Do Not have a relationship with any**

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

**member of my biological family so I am unaware if a felony charge has ever been placed on a Biological family member of mine.**

**There has been no felony charges placed on any family member of my spouse**

Applicant's initial \_\_\_\_\_

- 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
3/2011 - present	4641 Maple Mesa St	NLVNV	89084
1/2009 - 3/2011	2100 Velvet Hill St	LVNV	89106
6/2007 - 1/2008	1908 Melinda	LV NV	89101
1/2011 - 1/2012	2701 N Rainbow #1232	LV	89108
4/2006 - 6/2007	Mount Vista #C	LVNV	89101

As a child I lived in multiple cities around New Mexico and I am unsure of all the addresses.

Applicant's initial

CWS

# 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2011-present	Amador Medical LLC	present
Manager	Medical Billing & Inventory	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Easy Life medical	Supervisor did not pay me on time	
3/10-3/11	Medical Billing & Inventory	Monica

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

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

Applicant's initial

CWS



# 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>Omar Vasquez</u>	<u>Home</u>	<u>LV</u>	<u>NV</u>	<u>89084</u>		
Employer <u>Self Employed</u>	<u>Business</u>	<u>Collision Rep</u>				
Name <u>Lucy Wong</u>	<u>Home</u>	<u>LV</u>	<u>NV</u>			
Employer <u>N/A</u>	<u>Business</u>	<u>Stay at home mom</u>				
Name <u>Ana Vasquez</u>	<u>Home</u>					
Employer <u>Self</u>	<u>Business</u>	<u>Babysitting</u>				<u>8</u>
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

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

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

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 \_\_\_\_\_

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 ☐  
*when I got my Amador Medical MGE D Lic.*

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

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

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

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

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

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

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



Date of photograph

*6/21/13*

Applicant's initial

*aws*

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 6/21/13

## GENERAL INSTRUCTIONS

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

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

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

Application for Medical Supplies  
1 New Day Medical LLC 1911 Laspe Rd Ste 110  
 Name and Address of Establishment for Which License Is Requested  
N. Las Vegas NV 89030  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Emralino Melissa Anne  
 Last Name First Name Middle Name

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

1800 S. Eastern Ave. Apt 1017 Las Vegas NV 89109  
 Present Residence Address-Street or RFD City State/Zip

7320 Smoke Ranch Rd Ste 71 Las Vegas NV 89120  
 Present Business Address City State/Zip

Administrative Assistant December 2012  
 Occupation Dates

Phone:  
 Residence

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

22 F  
 Age Sex

Dark Brown Dark Brown Tan 157 Heavy 5'3  
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Tattoo: unhappy face & saying  
everythings fine. 4 ear piercings

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 MA  
 Page 1





# 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

Jose S. Emralino June 11, 1961 5235 Sierra Villa Dr. LA. CA 90041 Warehouse worker

Mother

Annie A. Rivera 7/28/67 2800 S. Eastern Ave. #1017 PCA

Father-in-Law

Mother-in-Law

## D. Brothers and Sisters:

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

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

Milanie Mae Coronado ✓ Laguna Philippines N/A

Spouse

Megan Ysabel Emralino 2800 S. Eastern Ave #1017 LV 89169 Student

Spouse

Spouse

Spouse

## 4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Holy Family Grade School</u>	<u>Glendale CA.</u>	<u>1995-2004</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Eagle Rock Jr/Sr. High School</u>	<u>L.A. CA</u>	<u>2004-2008</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>University of La Verne</u>	<u>La Verne CA.</u>	<u>2008-2012</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other _____			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any High School Diploma

College or university where obtained B.S. Psychology

Applicant's initial JE

# 5 MILITARY INFORMATION:

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

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 ☒

Yes ☐ No ☒

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

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

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

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

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

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

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

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

F. Have you 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
-----------------------------	-------------------	------	-----------------

Oct. 1990 - June 1996		Glendale	Ca
June 1996 - Aug. 2012	2800 S. Eastern Ave. #1017	Las Vegas	Ca

Applicant's initial

*flax*

## 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Dec. 2012	Amador Medical LLC. 1320 S. 1st St. Las Vegas, NV 89123	
Title	Description of Duties	Name of Supervisor
Administrative Asst.	Data Entry, Check Elig.	Donald Amador / Andrina Vasquez
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Aug 2012	Caring Medical Supply 734 A Boulder Hwy. Henderson NV 89107	Closed Bw.
Title	Description of Duties	Name of Supervisor
	Customer Service	Gregg Lambricht
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial

*Stan*

# 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>Patricia Denquith</u>	Home	<u>Los Angeles</u>	<u>CA</u>			<u>2004 - Present</u>
Employer <u>Kaiser Permanente</u>	Business					
Name <u>Jean Quijano</u>	Home	<u>Las Vegas</u>	<u>NV</u>			<u>2004 - Present</u>
Employer <u>Planet Hollywood</u>	Business					
Name <u>Kimberly Dichoso</u>	Home	<u>Stockton</u>	<u>CA</u>			<u>1993 - Present</u>
Employer <u>Student</u>	Business					
Name <u>Kevin Dichoso</u>	Home	<u>Berkeley</u>	<u>CA</u>			<u>1993 - Present</u>
Employer <u>Student</u>	Business					
Name <u>James Fernandez</u>	Home	<u>La Puente</u>	<u>CA</u>			<u>1993 - Present</u>
Employer <u>Student</u>	Business					

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

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

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

[Signature]



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

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

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

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

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

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

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

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



Date of photograph 6/23/2013

Applicant's initial HW

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

✓ Date 6/25/13

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

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

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

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

### GENERAL INSTRUCTIONS

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

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

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

Application for Medical Supplies  
Nature of MDEG  
A New Day Medical LLC 1911 Losee Rd Ste 110  
Name and Address of Business for Which MDEG Administrator Is Requested  
N Las Vegas NV 89030  
If applicable, Name Under Which It Is Now Operated



**1. PERSONAL INFORMATION:**

Vasquez  
Last Name

Andrina  
First Name

Marie  
Middle Name

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

6641 Maple Mesa St N Las Vegas NV 89084  
Present Residence Address-Street or RFD City State/Zip

1911 Losee Rd Ste 110  
Present Business Address Dates 5/2013 N Las Vegas NV 89030  
City State/Zip

Administrator Dates 5/2013- present  
Present Position with the MDEG

Phone: 702-239-2556 Fax: 702-654-6759

Email address: anewdaymedical@gmail.com

Las Vegas Clark Nevada  
Place of Birth (City, County, State)

23

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Age

SOCIAL SECURITY NUMBER

F  
Sex

Brown  
Color of Eyes

Brown  
Color of Hair

118  
Weight

5' 4"

---

Height

Scars, tattoos or distinguishing marks and/or characteristics One tattoo behind  
right ear "Omar" ? One tattoo on Left Shoulder  
blade of stars  
that says wish.

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

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.

3/2011	Amador Medical LLC	40-50/hr./week
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Administrator	Company Management	Myself
Title	Description of Duties	Name of Supervisor

2/2010 - 3/2011	Easy Life Medical Equipment	35/hr/wk
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Admin Assist	Company Management	Monika
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 explanation and/or documents.

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



Date of photograph 6/21/13

## 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: Dynamic Medical Systems LLC  
Physical Address: 2500 Chandler Ave #12 Las Vegas, NV 89120  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 7935 Dunbrook Road # H  
City: San Diego State: CA Zip Code: 92126  
Telephone: 800 225 9080 Fax: (310) 894-7490  
E-mail: info@godynamic.com Website: www.godynamic.com

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

#### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Michael Marlowe

#### 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: Therapeutic Support Surfaces

\*\*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: Michael Marlow Telephone: 702-278-4195

## 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>N/A</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: <u>N/A</u> |
| <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

Richard Stempson  
Print Name of Authorized Person

5.16.13  
Date

Board Use Only

Received: \_\_\_\_\_

Amount: \$500.00

## APPLICATION FOR NEVADA MDEG LICENSE

### OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA  
Parent Company if any: Invacare Continuing Care  
Corporation Name: Invacare Corporation  
Mailing Address: One Invacare Way  
City: Elyria State: OH Zip: 44036  
Telephone: 440-329-6475 Fax: 440-326-3457  
License Contact Person: William Hoffman

Ownership Information – Complete Section 1 or 2

**Do not use N/A in this section – Section 1 or 2 must be completed.**

**Section 1:** List the corporations four largest shareholders:  
(Name and percentage of ownership)

- |  |                 |
|--|-----------------|
| 1. <u>Heartland Advisors Inc.</u>        | %: <u>13.24</u> |
| 2. <u>Dimensional Fund Advisors Inc.</u> | %: <u>6.89</u>  |
| 3. <u>NFJ Investment Group LLC</u>       | %: <u>4.79</u>  |
| 4. <u>Vanguard Group Inc.</u>            | %: <u>5.31</u>  |

**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: March 23, 1971

Registration number issued: CUSIP 461203101

Stock Exchange: NYSE

### **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.

# 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 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 to be completed by all types of ownership

MDEG Name: SPECIAL RESPIRATORY CARE, INC. DBA SRC MEDICAL

Physical Address: 3400 W. DESERT INN RD. #9  
(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: 89102

Telephone: 702-248-6715 Fax: 702-248-6711

E-mail: DREITER@SRC-MEDICAL.COM Website: WWW.SRC-MEDICAL.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: 8 to 4 Sat:      to      Sun:      to      Holidays:      to     

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: SCOTT CAMPBELL

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

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Gases**                    | <input type="checkbox"/> Assistive Equipment                |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment**        | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies                  | Other: <u>                    </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: SCOTT CAMPBELL Telephone: 702-400-5776

Page 1

NOTE: ONLY PROVIDED TO HOSPITALS (ACUTE CARE AND LONG TERM CARE)... "NOT" TO PATIENTS.

63287



## 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:

NONE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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.

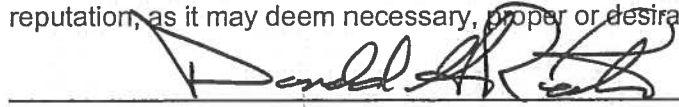
Within the last five (5) years:

- 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

DONALD G. REITER, PRESIDENT

Print Name of Authorized Person

5/6/13  
Date

Board Use Only

Received: \_\_\_\_\_

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: CALIFORNIA

Parent Company if any: \_\_\_\_\_

Corporation Name: SPECIAL RESPIRATORY CARE, INC. DBA SRC MEDICAL

Mailing Address: 18327 NAPA STREET

City: NORTHridge State: CA Zip: 91325

Telephone: 800-669-5267 Fax: 818-217-0910

Contact Person: DON REITER

For any corporation non publicly traded, disclose the following:

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

a) JUDITH VALDESUSO 20187 ADELLE, Woodland Hills, CA  
Name Address 91364

b) \_\_\_\_\_  
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. 2,000

3) What was the price paid per share? 1.00

4) What date did the corporation actually receive the cash assets? 12/29/86

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

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

✓ Date 5/6/13

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 RESPIRATORY EQUIPMENT

Nature of MDEG

SRC MEDICAL 3400 W. DESERT TRL #9 LAS VEGAS NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

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

1. PERSONAL INFORMATION:

CAMPBELL

Last Name

SCOTT

First Name

L.

Middle Name

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

1602 AUTUMN RUST DR. LAS VEGAS, NV 89110

Present Residence Address-Street or RFD

City

State/Zip

3400 W. DESERT IND. RD. #9 Dates 5/1/13 - PRESENT LAS VEGAS, NV 89102

Present Business Address

City

State/Zip

BRANCH MANAGER

Dates

6/2005 - PRESENT

Present Position with the MDEG

Phone: 702-248-6715

Fax: 702-248-6711

Email address: SCAMPBELL @ SRC-MEDICAL.COM

Date of Birth

MISSION HILLS, LOS ANGELES CTY, CA  
Place of Birth (City, County, State)

48  
Age

M  
Sex

BLUE  
Color of Eyes

BROWN  
Color of Hair

210  
Weight

5'9"  
Height

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

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

If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

## EMPLOYMENT:

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

6/2005	SRC MEDICAL, NORTHridge CA / <sup>REPT</sup> RESPIRATORY EQ.	16,640
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Branch Manager	MANAGER OFFICE PICK UP / DEL. EQ.	KEN LASHLEY
Title	Description of Duties	Name of Supervisor

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

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

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

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

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

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

- a) Board Administrative Action:  
b)

State: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

- c) Criminal Action:

State: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

County: \_\_\_\_\_

Court: \_\_\_\_\_

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

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

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

Yes ☒ No ☐

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

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

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 7/1/13

I, Scott Campbell, 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.

X Scott Campbell  
Original Signature of Applicant



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4-3-2013

## GENERAL INSTRUCTIONS

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

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

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

Application for MDEG  
 Nature of License  
Special Respiratory Care, Inc., 3200 Polaris Av, #11, Las Vegas, NV  
 Name and Address of Establishment for Which License Is Requested  
Iba S.R.C. Medical  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

VALDESUSO JUDITH ANN  
 Last Name First Name Middle Name  
VALDESUSO JUDY -> nickname PANTELL -> maiden name  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

20187 Adele Dr. Woodland Hills CA 91364  
 Present Residence Address-Street or RFD City State/Zip

18327 Napa St. 1996-present Northridge CA 91325  
 Present Business Address City State/Zip

Business Owner 1982-present  
 Occupation Dates

Phone  
 Res  
 Bus

Los Angeles, CA  
 Place of Birth (City, County, State)

63 F  
 Age Sex

Brown Brown Fair 140 Small 5'6"  
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A - none

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial JAU

MARITAL INFORMATION-Continued

A. **Current Marriage**..... Van Nuys, Los Angeles, CA  
Date  
 Spouse's full name (Maiden) Gilberto Valdesuso City, County S.S. No. 7  
 Date of Birth... 1947 Place of Birth Camaguey, Cuba  
 Resident address 20187 Adele Dr., Woodland Hills, CA 91364  
Street City State Zip  
 Telephone: Residence 818-708-1111 Business N/A  
 Spouse's employer Retired Occupation N/A  
 Address of employer N/A  
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

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

B. **Child Support Information:**

Please mark the appropriate response:

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

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

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

Applicant's initial JAU

**FAMILY INFORMATION-Continued**

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

Name N/A

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
Deceased			
Father August John Pantel	- Deceased 8-19-93		
Mother Marie Pantel		21711 Ventura Bl, Woodland Hills, CA	Retired
Gilberto Valdesuso, Sr.			
Deceased -			
Father-in-Law Carmen Valdesuso			
Deceased 4-1-06			
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
William Pantel		221 Furrk Way Hemet, CA 92545	Retired
Spouse - Divorced			
Peggy Pantel		49855 McKenzie Hwy Vida, OR 97488	Disabled
Spouse - Divorced			
Timothy Pantel		20187 Adele Dr. Woodland Hills, CA 91364	Disabled
Spouse - Divorced			
Thomas Pantel		P.O. 294592 Phelan, CA 92329	Disabled
Spouse Doris Pantel		P.O. 294592 Phelan, CA 92329	Disabled

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School St. Anthony School	1003 W. 163 St. Gardena, CA 90247	1955-1963	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School St. Michael's School	1027 W. 87 St. Los Angeles, CA 90044	1963-1967	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any N/ACollege or university where obtained N/AApplicant's initial JAU

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces?

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

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

B. Have you registered for the draft?

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

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

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

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial SAU

## 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
Oxy Med, Inc.	corporation	1986 - Chapter 11 - Business Sold

## 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
1977 - present	20187 Adele Dr,	Woodland Hills	CA 91364

Applicant's initial

SAU

## 8. EMPLOYMENT:

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

12-1982	Special Respiratory Care, Inc.	N/A - still employed
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
owner	18327 Napa St, Northridge, CA 91325	N/A
Title	Oversee All Operations	Name of Supervisor

1970-12-82	Joxu med, Inc.	Business Was Sold
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
corp. secretary -	9145 Deering Av, Chatsworth, CA 91311	N/A
Title	operations	Name of Supervisor

1980-2004	Oxy med Hawaii, Inc.	Business Was Sold
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
corp secretary	712 California St, Wahiawa, HI	N/A
Title	operations	Name of Supervisor

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

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

Applicant's initial DAU

# 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>Orlin Sorensen</u>	Home <u>22529 39<sup>th</sup> Ave SE</u>	<u>Bothell</u>	<u>WA</u>			<u>25+ yrs</u>
Employer <u>unknown</u>	Business					
Name <u>Marlowe Sutton</u>	Home <u>1145 6<sup>th</sup> St</u>	<u>Hermosa Beach</u>	<u>CA</u>			<u>40+ yrs</u>
Employer <u>ASAP</u>	Business <u>PO 1088</u>	<u>Palos Verdes</u>	<u>CA</u>			
Name <u>Alex Karkanen</u>	Home <u>2319 Colt Rd</u>	<u>Rancho Palos Verdes</u>	<u>CA</u>			
Employer <u>City of L.A.</u>	Business <u>Attorney in District Attorney office</u>					<u>6 yrs</u>
Name <u>Jon Light</u>	Home <u>7100 Paseo Camarillo</u>	<u>Camarillo</u>	<u>CA</u>			<u>15+ yrs.</u>
Employer <u>Light Gabler</u>	Business <u>7100 Paseo Camarillo</u>	<u>Camarillo</u>	<u>CA</u>			
Name <u>Mariann LeCorg</u>	Home <u>22647 Ventura Bl</u>	<u>#544 Woodland Hills</u>	<u>CA</u>			<u>43 yrs</u>
Employer <u>Victory Athlete</u>	Business <u>9006 Owensmouth Av</u>	<u>Canoga Park</u>	<u>CA</u>			

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

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>1338</u>	<u>Union Bank</u>	<u>Woodland Hills, CA</u>	<u>self and Gilberto Valdesuso</u>

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

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

Yes ☒ No ☐

If yes, state type, where and years held

Private Pilot, California 1974 - no longer current - not renewed

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.

owner - Judith Valdesuso  
Special Respiratory Care, Inc - 18327 Napast, Northridge, CA 91325  
City of Los Angeles - Business License - renewed yearly & current  
Office of Finance, P.O. 513996, L.A., CA 90051

Applicant's initial 2 AU

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

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

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

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

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

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

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

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



Date of photograph 3-21-2013

Applicant's initial J AU



STATE OF CA

SS.

COUNTY OF LA

I, Judith Ann Valdesuso, 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.

Judith Ann Valdesuso  
Original Signature of Applicant

State of CA County of LA

Subscribed and Sworn to before me this 3rd day of April, 2013

by Judith Ann Valdesuso

[Signature]  
Notary Public



(seal)

Applicant's initial JAU  
Page 9

**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: Innovation Compounding, Inc.

Physical Address: 6095 Pine Mountain Rd NW Ste 108

Mailing Address: Same

City: Kennesaw State: GA Zip Code: 30152

Telephone: 770-421-1399 Fax: 770-426-1965

Toll Free Number: 800-547-1399 (Required per NAC 639.708)

E-mail: pharmacist@innovationcompounding.com Website: www.innovationcompounding.com

Managing Pharmacist: Shawn Hodges License Number: RPH023486

**Hours of Operation:**

Monday thru Friday <u>9</u> am <u>6</u> pm	Saturday <u>on-call</u> am _____ pm
Sunday <u>on-call</u> am _____ pm	24 Hours _____

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

This page must be submitted for all types of ownership.

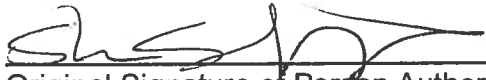
Within the last five (5) years:

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

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

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

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



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

Shawn E. Hodges, PharmD  
Print Name of Authorized Person

3/25/13  
Date

Board Use Only

Received: \_\_\_\_\_

Amount: \$500.00

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

State of Incorporation: Georgia  
Parent Company if any: N/A  
Corporation Name: Innovation Compounding, Inc.  
Mailing Address: 16095 Pine Mountain Rd NW Ste 108  
City: Kennesaw State: GA Zip: 30152  
Telephone: 770-421-1399 Fax: 770-426-1965  
Contact Person: Shawn Hodges

For any corporation non publicly traded, disclose the following:

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

a) Shawn Hodges 1972 Barrett Knoll Circle Kennesaw, GA 30152  
Name Address

b) Joseph Clark Aaron 1425 Ridgeway Blvd #1004 Kennesaw  
Name Address GA 30152

c) \_\_\_\_\_  
Name Address

d) \_\_\_\_\_  
Name Address

2) Provide the number of shares issued by the corporation. 1,000,000

3) What was the price paid per share? \$3.825

4) What date did the corporation actually receive the cash assets? 1/31/2007

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.

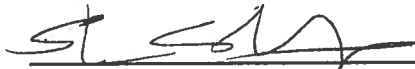
List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Shawn E. Hodges, PharmD  
Responsible Person of Innovation Compounding, Inc.  
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

Shawn E. Hodges, PharmD  
Print Name of Authorized Person

3/34/13  
Date



The Office of Secretary of State  
Professional Licensing Boards Division

Date Mailed: September 6, 2012

Pharmacy

Innovation Compounding  
6095 Pine Mountain Rd, NW Ste 108  
Kennesaw, GA 30152

Full Name:	Innovation Compounding Inc	Date Issued:	04/25/2007
Type of License:	Retail Pharmacy	Obtained By:	Transfer
License No.:	PHRE009149	Expiration Date:	06/30/2013
License Status:	Active		
Public Board			
Order:	None		

VERIFICATION OF LICENSURE

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. If this verification indicates that a board order exists, please visit our website at <https://secure.sos.state.ga.us/myverification/> to obtain a copy of the board order.

A handwritten signature in black ink that reads "Lisa W. Durden".

Lisa W. Durden  
Division Director

PROFESSIONAL LICENSING BOARDS

Blank

June 24, 2013

Dear Paul Edwards:

I am sending the Information Dave Wuest requested from my pharmacist Kathrine Bamshad, when she was in the Board meeting.

Also I talked with him on the phone later and he asked me to send the requested Information to you, since he would be on vacation, and gave me your e-mail.

I will come to Board meeting on July 26 if you need me, so please let me know.

Call us with any questions.

Sincerely yours,

  
Shahla Melamed

Pharm.D



**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: ROXSAN PHARMACY, INC.  
Physical Address: 465 N. ROXBURY DR. BEVERLY HILLS CA. 90210  
Mailing Address: 465 N. ROXBURY DR.  
City: BEVERLY HILLS State: CA Zip Code: 90210  
Telephone: 310-273-1644 Fax: 310-276-4152  
Toll Free Number: 888-371-9919 (Required per NAC 639.708)  
E-mail: CUSTOMERSERVICE@ROXSAN.COM Website: WWW.ROXSAN.COM  
Managing Pharmacist: SHAILA MELAMED License Number: PHY38297

**Hours of Operation:**

Monday thru Friday 8:30 am 6:00 pm      Saturday 8:30 am 11:00 am  
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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## APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

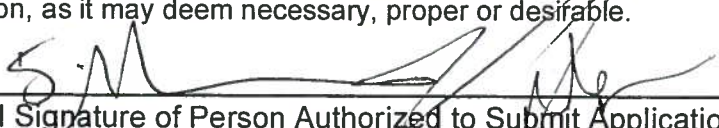
Within the last five (5) years:

- 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

SHIHLA McLAMED  
Print Name of Authorized Person

MARCH 22, 2013  
Date

Board Use Only

Received: 5-6-13

Amount: \$500.00

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

State of Incorporation: CALIFORNIA  
Parent Company if any: \_\_\_\_\_  
Corporation Name: ROXSAN PHARMACY, INC.  
Mailing Address: 465 N. ROXBURY DRIVE  
City: BEVERLY HILLS State: CA Zip: 90210  
Telephone: 310-273-1644 Fax: 310-276-4152  
Contact Person: SHAHLA MELAMED

For any corporation non publicly traded, disclose the following:

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

a) SHAHLA MELAMED 3209 HUTTON DRIVE, BEVERLY HILLS, CA. 90210  
Name Address

b) \_\_\_\_\_  
Name Address

c) \_\_\_\_\_  
Name Address

d) \_\_\_\_\_  
Name Address

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

- 3) What was the price paid per share? \$1.00 per share

- 4) What date did the corporation actually receive the cash assets? FEBRUARY 16, 1996

- 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

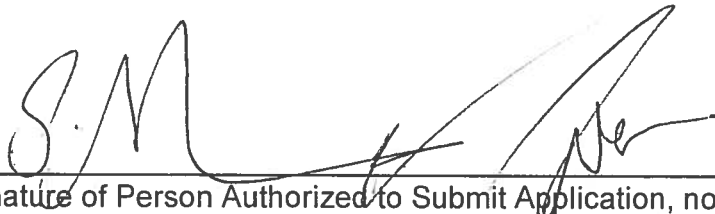
I, SHAHLA MELAMED

Responsible Person of ROXSAN PHARMACY, INC.

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

SHAHLA MELAMED

Print Name of Authorized Person

3/22/13

Date



**California State Board of Pharmacy**

1625 N. Market Blvd, 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.

April 5, 2013

**Nevada State Board of Pharmacy**

**431 W Plumb Lane**

**Reno, NV 89509**

**California State Board of Pharmacy License Verification**

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

**Licensee Name:** ROXSAN PHARMACY, INC

**License Type:** PHARMACY

**License Number:** PHY 38297

**Status:** ACTIVE

**Issue Date:** 11/03/92

**Expiration Date:** 11/01/13

**Address of Record:** 465 N ROXBURY DRIVE BEVERLY HILLS CA 90210

**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

Virginia Herold  
Executive Officer

By

Barbera Schleicher  
Public Inquiry Analyst  
(916) 574-7922  
Barbera.Schleicher@dca.ca.gov



# ROX SAN PHARMACY

June 24, 2013

Dear Paul Edwards:

I am sending the Information Dave Wuest requested from my pharmacist Kathrine Bamshad, when she was in the Board meeting.

Also I talked with him on the phone later and he asked me to send the requested Information to you, since he would be on vacation, and gave me your e-mail.

I will come to Board meeting on July 26 if you need me, so please let me know.

Call us with any questions.

Sincerely yours,

  
Shahla Melamed

Pharm.D

June 17, 2013

Re: Business Plan

To Whom it May Concern:

Our intent for getting License in State of Nevada is to promote our infertility business. One of our specialty areas is infertility and there are large infertility centers in Nevada which we are planning to see how we can start a relationship with them.

We are not planning in doing or sending compounding medication to Nevada since there are a lot of them in Nevada and we do not want to be in competition with them.

Call us with any questions.

Best regards,



Shana Melamed

Pharm.D

# ROX SAN PHARMACY

June 14, 2013

Dear Moneet:

You called and asked about Dr. Shamieh, we have no records.

In regard to dispensing prescriptions to Louisiana our records show that we dispensed only twenty Rx's for the last seven month. We were not promoting in Louisiana we were waiting for our License which we applied for it.

Attached you will have the records for the Doctors that we have in our system and that came by word of mouth.

Call us with any questions.

Sincerely yours,

Farbod Melamed

Pharm.D



In response to the inspection on June 4, 2013:

1. Roxsan Pharmacy doing business in some other states for which we have licenses –Louisiana, we also were in the process and even the PIC was asked to take the law exam, which he did, and just a couple of days ago found out that we are not going to be licensed since the PIC graduated less than two years ago. We have already talked with our representative, Greg Ardion, who promotes our pharmacy in a couple of states where we are licensed, and made sure that he would not be marketing Roxsan Pharmacy in Louisiana. We only market in states in which we are licensed.
2. We do not compound commercially available products because it is unnecessary. We do compound for office use. This amount is less than ten percent (10%) of our business. We compound for office use based on the prescription or order that has been submitted from the doctor's office.
3. Every three to six months we are visited by a company representative who checks our stock and pulls all expired medications. These then are sent back to their respective company. A copy of the last two expired medications are attached. Just recently we started to place a colored dot on our products, especially those that we use for compounding. Every month the pharmacist checks these products, pulls those that have expired and places them in a designated area. Since in our pharmacy only pharmacists dispense medication, the pharmacist would see if a medication is expired and put it aside.
4. Compounding work sheet for dates requested is attached.
5. List of office use is attached.
6. List of all states in which we are licensed is attached.

As far as the references:

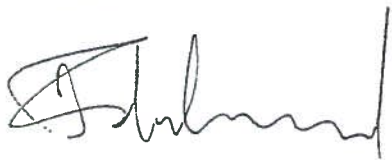
1. Training for compounding staff for sterile and non-sterile is attached.
2. On the inspection report, the three products on which did not have the list of ingredients (had active ingredients on it) are already relabeled.
3. Report of the doctors that you asked for—we have only three doctors in our system which is reflected in the attached report.
4. Language center name and number is on the wall behind the pharmacists. Copy is attached.

# ROX SAN PHARMACY

Additional concerns:

1. A copy of expired medications is attached.
2. We do keep a cleaning log on all equipment.
3. Staff training is done periodically on a regular basis.
4. Log of all CIII to CV medications done daily.
5. Novarel—we are confused as to why there is no sign on the package or in the software system labeling this item as CIII medication. This medication is used widely in infertility treatment.
6. As far as PDMP -- One of our pharmacists was able to register and the rest will do so

Thank You,  
Farbod Melamed



6/12/13

no record for Dr. Shamieh (Lake Charles)

June 17, 2013

To Whom It May Concern:

In response to David's questions, we are sending you what he requested:

As far as policy and procedures for Clean Room, it is a big binder with hundreds of pages from PCCA.

Please let us know if there is anything else you need.

Shana Melamed

A handwritten signature in black ink, appearing to read 'Shana' followed by a stylized surname.



# Board of Pharmacy



## Sterile Compounding License

LICENSE NO. LSC 99553

ISSUE DATE JULY 08, 2009

**ROXSAN PHARMACY INC**

465 N ROXBURY DR  
BEVERLY HILLS CA 90210-4206

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)



BOARD OF PHARMACY  
1625 NORTH MARKET BLVD, SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900

## Sterile Compounding License

LICENSE NO. LSC 99553  
RECEIPT NO. 00089851

VALID UNTIL NOVEMBER 01, 2013

**ROXSAN PHARMACY INC**  
465 N ROXBURY DR  
BEVERLY HILLS CA 90210-4206

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy. This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist in charge. This permit is valid only at the address shown.

9/10/12

9/10/12 The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

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

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

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

Application must be printed legibly or typed

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

<input 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 <u>01794</u> )			

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Meditch Laboratories, Inc.

Physical Address: 3200 Polaris Ave, #27

Mailing Address: P.O. Box 14790, Irvine, CA 92623

City: Las Vegas State: NV Zip Code: 89102

Telephone: (702) 220-6073 Fax: (702) 220-3822

Toll Free Number: \_\_\_\_\_

E-mail: compounding@meditchlaboratoriesinc.com Website: meditchlaboratoriesinc.com

Managing Pharmacist: Michael Bitar License Number: 15400

**Hours of Operation:**

Monday thru Friday 8 am 3:30 pm      Saturday 0 am 0 pm  
Sunday 0 am 0 pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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



## APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

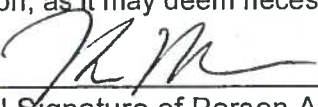
Within the last five (5) years:

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

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

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

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

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

Kim Tran  
Print Name of Authorized Person

3/29/13  
Date

Board Use Only

Received:

6/12/13

Amount:

\$500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: Kim Tran Ha  
Business Name: Meditzch Laboratories Inc.  
Current Business Address: 3200 Polaris Ave, #27  
City: Las Vegas State: NV Zip Code: 89102  
Telephone: (702) 220-6073 Fax: (702) 220-3822

List any physician shareholders and percentage of ownership.

N/A

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, Kim Tran Ha


Responsible Person of Meditech Laboratories Inc.

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

3/29/13  
Date

## Statement of Responsibility

### Managing Pharmacist

Pharmacist Name: Michael Bitar

License #: 15400

Pharmacy Name: Meditech Laboratories Inc

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

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

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

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

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8/31/2013

## GENERAL INSTRUCTIONS

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

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

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

Application for CHANGE OF OWNERSHIP  
 Nature of License  
MEDITECH LABORATORIES, INC 3200 POLARIS AVE # 27, LAS VEGAS NV  
 Name and Address of Establishment for Which License Is Requested 89102  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name	<u>TRAN HA</u>	First Name	<u>KIM</u>	Middle Name	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>TRAN</u> <u>KIM</u> (BEFORE REMARRIAGE)					
Present Residence Address-Street or RFD	<u>19 FRESCO</u>	City	<u>IRVINE</u>	State/Zip	<u>CALIFORNIA 92603</u>
Present Business Address	<u>3200 POLARIS AVE # 27</u>	City	<u>LAS VEGAS</u>	State/Zip	<u>NV 89102</u>
Occupation	<u>BUSINESS OWNER - OFFICE MANAGER</u>			Phone: Residence	
				Business	
Place of Birth (City, County, State) <u>VIETNAM</u>					
Age	<u>39</u>	Social		Sex	<u>FEMALE</u>
Color of Eyes	<u>BROWN</u>	Color of Hair	<u>BLACK</u>	Complexion	<u>FAIR</u>
		Weight	<u>126 lbs</u>	Build	<u>SLIM</u>
		Height	<u>5'5"</u>		

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial KT

## MARITAL INFORMATION-Continued

## A. Current Marriage

SANTA ANA - ORANGE COUNTY  
CASpouse's full name (Maiden) <sup>Date</sup> QUOC HUAN HA

Date of Birth 5/11/64 Place of Birth VIETNAM

Resident address 19 PRESLO IRVINE CA 92603  
Street City State Zip

Telephone: Residence Business

Spouse's employer OPTIMUM PHYSICIAN Occupation MANAGER/CEO & DIRECTOR  
MANAGEMENT SERVICESAddress of employer 23275 S. POINTE DR LAGUNA HILLS CA, 92653  
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
SON THANH LE			DISSOLUTION OF MARRIAGE	ORANGE - CA

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

Name	Street	City	State	Zip	Telephone
SON THANH LE	DON'T KNOW				

## 3. FAMILY INFORMATION:

## A. Children and Dependents:

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

Residence Address

## B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial KAT

## FAMILY INFORMATION-Continued

N/A

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	THUONG VINH TRAN	- DECEASED	
--------	------------------	------------	--

Mother	CUZ THI TRAN VO	13446 MAGNOLIA BLVD, SHERMAN OAKS CA 91423	RETIRED
--------	-----------------	---	---------

Father-in-Law	PHI HAI HA	- DECEASED	
---------------	------------	------------	--

Mother-in-Law	HANG TON	1706 KEMAH OAKS DRIVE KEMAH TEXAS 77125	RETIRED
---------------	----------	--	---------

## 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
---------------	------------	---------	------------

LINH VINH TRAN		10008 FULBRIGHT AVE CHATS WORTH CA 91311	ENGINEER
----------------	--	---	----------

Spouse	AMBER LE	"	REALTOR
--------	----------	---	---------

THANH THANH TRAN		13446 MAGNOLIA BLVD SHERMAN OAKS CA 91423	REALTOR
------------------	--	--	---------

Spouse	TOM LONG LE	"	DOCTOR
--------	-------------	---	--------

Spouse

Spouse

## 4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	MADISON	VAN NUYS CA	1988-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	GRANT HIGH SCHOOL	VAN NUYS CA	1991-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	CAL STATE NORTHIDGE	NORTHIDGE CA	1995-1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BA IN HEALTH ADMINISTRATION

College or university where obtained CAL - STATE NORTHIDGE

Applicant's initial KJ

## 5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

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

B. Have you registered for the draft?

Yes ☐ No ☒

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

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

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

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

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

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

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

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

F. Have you 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 10/1

# 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) **I AM NAMED IN A LAWSUIT**  
 If yes, give details below. List all cases without exception, including bankruptcies: **THAT IS CURRENT**

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

EMANUEL HERRERA V. MEDITECH LABORATORIES, INC., Kim TRAN etc....

Superior Court for the County of San Diego, 330 W. BROADWAY, SAN DIEGO, CA

Case No: 37-2011-00052682-CU-PL-CTL

92101

Date File 6/9/2011

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

10/2012 - PRESENT 15 FRESCO, IRVINE CALIFORNIA

6/2011 - 10/2012 16685 MT DUNHAVEN ST, FOUNTAIN VALLEY - CALIFORNIA 92701

6/2009 - 6/2011 2212 PACIFIC COAST HIGHWAY, HUNTINGTON BEACH - CA 92648

12/2002 - 3/2006 5822 RARITAN AVE, FOUNTAIN VALLEY - CA 92708

3/2006 - 6/2009 3449 SHEPHERD AVE - SANTA ANA CA 92704

1/1990 - 4/1997 6300 BLUE BEN N. HOLLYWOOD CA 91606

1980 - 1/1990 VARIOUS PLACES AS A CHILD - NO RECORDS

4/1997 - 1999 581 BELGRAVE LANE, TUCKER, GA 30084

1999 - 2002 6300 BLUE BEN N. HOLLYWOOD CA 91606

Applicant's initial **RET**

## 8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 2009 - PRESENT	MEDITECH LABORATORIES, INC 3200 POLARIS AVE #27, LAS VEGAS NV 89102	
Title	Description of Duties	Name of Supervisor
OFFICE MANAGER	BUSINESS DEVELOPMENT WORKING WITH DAVID SHIM	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1999 - 1/07	BANK OF AMERICA WESTMINSTER	MARRIAGE - TIME OFF FOR BABIES
Title	Description of Duties	Name of Supervisor
BRANCH MANAGER	MANAGE & OVERSEE BRANCH OPERATION.	BRIAN HEPBURN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/1997 - 1999	BANK OF AMERICA - ATLANTA GA	MOVING
Title	Description of Duties	Name of Supervisor
PERSONAL BANKER - CUSTOMER SERVICE		CAROL ?
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial ..... IRT .....  
Page 6



## 9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	LILY NAUSIAH	Home	12642 HINION WAY	N. TUSTIN	92705	6 y
Employer	SELF-EMPLOYED	Business	DENTIST - 13943 HARBOR	WESTMINSTER	92683	
Name	SAM RUAH	Home	33 FRESNO	IRVINE	CA 92603	8 y
Employer	SELF-EMPLOYED	Business	1815 E. WILSHIRE AVE # 906	SANTA ANA	92705	
Name	THUY LE	Home	6842 SCENIC BAY DR	HUNTINGTON BEACH	CA 92648	
Employer	LOTUS DENTISTRY	Business	21700 E. WPLEY DR # 100	DIAMOND BAR	CA 91765	12 y
Name	GEORGEY NGUYEN	Home	1544 E. SANTA ANA CANYON RD	DANA POINT	CA 92625	
Employer	LOTUS DENTISTRY	Business	21700 E. WPLEY DR # 100	DIAMOND BAR	91765	10 y
Name	LAN PHAM	Home	1 SHOREVIEW NEWPORT COAST	92657		9 y
Employer	MAGNOLIA DENTISTRY	Business	14044 MAGNOLIA ST # 125	WESTMINSTER	CA 92683	

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
SAFE DEPOSIT AT BANK OF AMERICA	WESTMINSTER	CA	SELF & HUSBAND

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

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
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 WT

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 ☒



Applicant's initial R.T.

STATE OF California ss.

COUNTY OF Orange

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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 29<sup>th</sup> day of April 2013

  
Notary Public

(seal)



Applicant's initial KT Page 9

**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: Duff Middle: William Last: KASTER Degree: DDS

Practice Name (if any): LAKE MEAD DENTAL

Nevada Address: 7481 W. LAKE MEAD BLVD Suite #: 206

(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: 89128

E-mail address: \_\_\_\_\_

Nevada Work Telephone: 702-304-1234

Date of Birth: \_\_\_\_\_

Nevada Fax: 702-304-9499

Sex: ☒ M or ☐ F

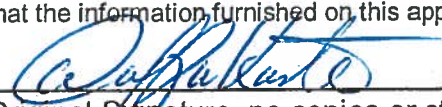
Practitioner License Number: NV 2357

Specialty: General Dentistry

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

				Yes	No
<b>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?...</b>				<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state? .....				<input 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"/>
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide documentation:</b>					
Board Administrative Action: <u>Stipulation</u>		State: <u>NV</u>	Date: <u>5/29/2013</u>	Case #: <u>12-02475</u>	
Criminal Action:	State	Date:	Case #:	County	Court

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

  
Original Signature, no copies or stamps accepted.

5/29/13  
Date

**Board Use Only**

Received: 6-13-13 Amount: \$80.00 Entity# 63502

## Licensee Search

### Licensee Search Details:

Full Name	Duff W Kaster, DDS
Address	7481 W Lake Mead Blvd,
City/State/Zip	Las Vegas, NV 89128
Office Phone	(702) 304-1234
Graduated From	University of the Pacific
Graduation Date	06/01/1986
License Number	2357
License Date	07/15/1986
Status	Active
Expiration Date	06/30/2013
Specialty License Number	
Specialty License Date	
Last Board Action	01/24/2006
	11/15/2002
	<u>05/28/2013</u>

STATE OF NEVADA  
BEFORE THE BOARD OF DENTAL EXAMINERS

IN REGARDS TO:

DUFF W. KASTER, D.D.S.

Case No. 12-02473

CONSENT AGREEMENT &  
ORDER re: REINSTATEMENT OF  
LICENSE

WHEREAS, pursuant to properly noticed meeting conducted by the Nevada State Board of Dental Examiners' (the "Board") on January 24, 2013, pursuant Agenda Item #5(o) the Board considered whether to enter into a *Consent Agreement re: Reinstatement of License* ("Consent Agreement") to reactivate the retired license of Duff W. Kaster, DDS. After consideration, public comment, motion, the Board unanimously voted, and Ordered that subject to the consent of Dr. Kaster to enter into this *Consent Agreement re: Reinstatement of License* ("Consent Agreement") pursuant to the following terms and conditions:

1. NAC 631.170 provides, in pertinent part:

3. If a person whose license has been on inactive status for less than 2 years has not maintained an active license or practice outside this State, or if a person's license has been on retired status for less than 2 years, he or she must submit to the Board:

- (a) Payment of the appropriate renewal fees;
- (b) A written petition for reinstatement that has been signed and notarized;
- (c) Proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status; and
- (d) A list of his or her employment, if any, during the time the license was on inactive or retired status, before the license may be reinstated.

Page 1 of 10

  
DWK

1 4. If a person whose license has been on inactive status for 2 years or more has  
2 not maintained an active license or practice outside this State, or if a person's  
license has been on retired status for 2 years or more, he or she must:

3 (a) Satisfy the requirements set forth in paragraphs (a) to (d), inclusive, of  
subsection 3; and

4 (b) Pass such additional examinations for licensure as the Board may  
5 prescribe, before the license may be reinstated.

6 2. Dr. Kaster stipulates and agrees as follows:

7 A. His Nevada license has been on retired status for two (2) years or more.

8 B. He has not maintained an active license or practice outside of Nevada for two (2)  
9 years or more.

10  
11  
12 3. The *Fourth Amended Stipulation* dated December 8, 2005, and adopted by the Board on  
13 January 25, 2006, in case no. 05-1258, and captioned as Nevada State Board of Dental  
14 Examiners, vs. Duff W. Kaster, D.D.S. provides, in pertinent part, as follows:

15 7. In consideration for granting Respondent's request to have his license  
16 to practice dentistry in the State of Nevada placed on inactive status, Respondent  
17 acknowledges and agrees to the following:

18 a. The Third Amended Stipulation was adopted by the Board on  
19 November 15, 2002. Currently, the Third Amended Stipulation would  
20 expire on November 15, 2007, assuming Respondent is in compliance  
21 upon the expiration of the Third Amended Stipulation. Respondent agrees  
22 in the event he requests that his license to practice dentistry in the State of  
23 Nevada be reinstated to active status, Respondent agrees as a condition of  
reinstatement he would have to comply with the provisions paragraph 24  
of the Third Amended Stipulation for an additional three (3) years upon  
the Board reinstating Respondent license to active status.

24 Id., at 1:25 to 2:6.

25 4. Dr. Kaster shall, pursuant to NRS 631.240, present to the Board a certificate granted by  
26

27 Page 2 of 10

28   
DWK

1 the Joint Commission on National Dental Examinations which contains a notation that he, as the  
2 applicant, has passed the National Board Dental Examination with an average score of at least 75.  
3

4 5. Dr. Kaster shall, pursuant to NRS 631.240, successfully pass a clinical examination  
5 approved by the Board and the American Board of Dental Examiners; or present to the Board a  
6 certificate granted by the Western Regional Examining Board which contains a notation that the  
7 applicant has passed, within the 5 years immediately preceding the date of the application, a  
8 clinical examination administered by the Western Regional Examining Board.  
9

10 6. Pursuant to NRS 631.240, the Board shall examine Dr. Kaster, as an applicant, in writing  
11 on the contents and interpretation of chapter 631 of the Nevada Revised Statutes and the  
12 regulations of the Board.  
13

14 7. Dr. Kaster shall, in addition to any and all other applicable fee(s) or cost(s), pay the  
15 \$500.00 fee, pursuant to NRS 631.345(1) (reinstatement fee to return a dentist or dental  
16 hygienist who is inactive, retired or has a disability to active status).  
17

18 8. Dr. Kaster shall comply with requirements of NAC 631.170, including but not  
19 necessarily limited to NAC 631.170(3)(c) which requires the Board be provided proof of his or  
20 her completion of an amount of continuing education, prorated as necessary, for the year in  
21 which the license is restored to active status.  
22

23 9. As noted above, the *Fourth Amended Stipulation* provides, in pertinent part, Dr. Kaster  
24 stipulated and agreed as a condition of reinstatement he would comply with the provisions  
25 contained in paragraph 24 of the *Third Amended Stipulation* adopted by the Board on November  
26



1 15, 2002, in case no. 02-728, and captioned as Nevada State Board of Dental Examiners. vs.  
2 Duff W. Kaster, D.D.S. for an additional three (3) years upon the Board reinstating Respondent  
3 license to active status.  
4

5  
6 10. Upon Dr. Kaster successfully completing the requirements set forth in Paragraphs 4-8  
7 above, and pursuant to the *Fourth Amended Stipulation*, Dr. Kaster's license shall be reinstated  
8 by the Board subject to Respondent being placed on probation for a period of three (3) years  
9 from the date of this ORDER pursuant to the following terms and conditions:  
10

11 a. Respondent agrees to enroll in and abide by the rules of the  
12 Nevada Dental Wellness Program (the "After-Care Program") for a period  
13 of three (3) years from the date of this ORDER. Respondent shall provide  
14 an executed copy of the After-Care Program evidencing Respondent  
15 enrollment in the program.

16 b. Respondent agrees pursuant to NRS 631.350(d) and (h),  
17 Respondent shall be placed on probation for a period of three (3) years  
18 from the date of this ORDER. Respondent agrees during the three (3)  
19 year probationary period, Respondent shall allow the Executive Director  
20 of the Board and/or an agent appointed by the Board's Executive Director  
21 to inspect Respondent's records to ensure compliance with this ORDER.  
22 Upon issuance of a DEA and Nevada Controlled substance permits,  
23 Respondent shall all agree to inspections to be performed during normal  
24 business hours. All prescriptions issued by Respondent during the  
25 probationary period must be in Respondent's handwriting and must have  
26 the original signature of Respondent. The prescriptions issued must be  
27 done on a form that is in triplicate, serially numbered, which has been pre-  
28 approved by the Executive Director. A copy of the prescription must be  
maintained in the patient's file who has been issued a prescription for  
controlled substances by Respondent. During the probationary period  
Respondent shall NOT issue any prescription(s) for more than six (6)  
units of a controlled substance for each office visit where treatment was  
rendered. In the event Respondent issues prescriptions using electronic  
system, Respondent shall maintain a copy of the computer generated  
prescription and shall sign and date the copy in Respondent's own

1 handwriting and shall maintain the signed and dated copy in each patient's  
2 dental record. Respondent is prohibited from placing telephone  
3 prescriptions for controlled substances during the probationary period. In  
4 the event of a patient's dental emergency Respondent may phone in a  
5 prescription for controlled substances not to exceed six (6) units.  
6 Respondent must fax the emergency prescription. Emergency  
7 prescriptions for controlled substances must contain Respondent's  
8 signature on the fax which must be sent to the pharmacy issuing such  
9 prescriptions on the next business day. Respondent shall every six (6)  
10 months from the adoption of this Consent Agreement perform a  
11 prescription inquiry to the Nevada State Board of Pharmacy and obtain a  
12 print out of all controlled substances issued by Respondent during the six  
13 month periods. Respondent shall maintain a daily log of prescriptions for  
14 controlled substances issued to Respondent's patients and shall include  
15 the following:

- 16 a. patient's name;
- 17 b. date of issuance;
- 18 c. units and amount of controlled substance issued;
- 19 d. reason for issuing the controlled substance.

20 The daily log shall be made available during normal business hours without  
21 notice. Failure to maintain and/or provide the daily log upon request by an agent of the  
22 Board shall be an admission of unprofessional conduct. Upon receipt of substantial  
23 evidence that Respondent has either failed to maintain or has refused to provide the  
24 daily log upon request by an agent assigned by the Executive Director; and/or  
25 Respondent has refused to allow the agent assigned by the Executive Director to  
26 observe Respondent rendering treatment to any patient who receives either crown,  
27 bridge or, implants treatments; and/or Respondent has refused to provide copies of  
28 patient records requested by the agent assigned by the Executive Director,  
Respondent agrees his license to practice dentistry in the State of Nevada shall be  
automatically suspended without any further action of the Board other than the issuance  
of an Order of Suspension by the Executive Director. Thereafter, Respondent may  
request in writing a hearing before the Board to reinstate Respondent's license.  
However, prior to the full Board hearing, Respondent waives any right to seek judicial  
review, including injunctive relief 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 pending a final Board hearing. 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 Respondent's  
license is automatically suspended.

  
DWK

1  
2 c. Following the reinstatement of Respondent's license, Respondent  
3 agrees to the following:

4 i. Pursuant to NRS 631.350(g), Respondent agrees to submit  
5 to random sampling of urine, hair and/or bodily fluids for an  
6 additional three (3) years when so ordered by the Executive  
7 Director of the Board effective upon execution of the ORDER by  
8 the Board's President. This random sampling of urine, hair and/or  
9 bodily fluids will be under direct observation. The results of any  
10 tests or analysis of bodily fluids shall be reported to the Board.  
11 Respondent shall be responsible for all costs incurred for the  
12 analysis of urine, hair and/or bodily fluids.

13 ii. In the event any test or analysis of bodily fluids taken from  
14 Respondent, whether pursuant to the request of the Executive  
15 Director or the After-Care Program, is positive, indicating the  
16 presence of controlled substances (not pursuant to a valid  
17 prescription), Respondent will be notified. Should the Respondent  
18 test positive, Respondent's license to practice dentistry in the State  
19 of Nevada shall automatically be revoked without any further  
20 action of the Board other than the issuance of an appropriate Order  
21 of Revocation by the Board's Executive Director.

22 iii. Respondent authorizes and shall execute any consent  
23 necessary which authorizes reports generated by the urinalysis and/  
24 or bodily fluids, and/or hair testing and any substance abuse  
25 evaluation reports, and any status reports rendered by individuals  
26 treating Respondent to be furnished to the Executive Director of  
27 the Board. In the event of a violation in the form of a confirmed,  
28 positive test result, all reports previously submitted to the Board  
will become public record and be available for use by the Board in  
connection with any subsequent action of the Board.

iv. Should Respondent fail to present himself for random drug  
testing when directed by the Executive Director of the Board or  
the After-Care Program, within twenty-four (24) hours of said  
direction by the Executive Director or After-Care Program,  
Respondent's license to practice dentistry in the State of Nevada  
will be revoked indefinitely without any other action by the Board  
other than the issuance of an appropriate Order of Revocation by

1 the Board's Executive Director.

2 v. Should Respondent fail to complete the After-Care  
3 Program or upon receipt of notice that Respondent has failed to  
4 comply with the terms of the contract with the After-Care  
5 Program, Respondent's license to practice dentistry in the State of  
6 Nevada will be revoked indefinitely without any further action by  
the Board other than the issuance of an appropriate Order of  
Revocation by the Board's Executive Director.

7 vi. Respondent agrees to pay the Nevada State Board of  
8 Dental Examiners the sum of \$2,500.00, upon execution of this  
9 ORDER by the Board's President to reimburse the Board for the  
10 costs incurred for this Stipulation and the cost to be incurred in the  
11 future to monitor and enforce this Stipulation. Specifically, this  
12 amount shall not be deemed a fine and shall not be reported to the  
13 National Practitioners Data Bank. This amount is due and payable  
14 in two equal installments. The first payment shall be due thirty  
15 (30) days after the execution of this ORDER by the Board's  
16 President. The second payment shall be due sixty (60) days after  
17 the first payment. In the event Respondent fails to pay the agreed  
upon amount, Respondent agrees his license to practice dentistry  
in the State of Nevada shall be automatically suspended without  
any further action of the Board other than issuance of an order by  
the Executive Director. Upon payment of any default,  
Respondent's license to practice dentistry in the State of Nevada  
will be automatically reinstated.

18 viii. Respondent agrees this Consent Agreement and Order shall  
19 be reported to the National Practitioners Data Bank upon  
20 execution of this Order by the Board's President.

21 CONSENT

22 11. Respondent has read all of the provisions contained in this Consent Agreement and  
23 agrees with them in their entirety.

24 12. Respondent is aware by entering into this Consent Agreement, he is waiving certain  
25

1  
2 valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and  
3 NAC 233B.

4  
5 13. Respondent has reviewed this Consent Agreement and understands and comprehends  
6 each and every provision contained therein.

7 14. Respondent acknowledges he is consenting to this Consent Agreement voluntarily,  
8 without coercion or duress and in the exercise of his own free will.

9  
10 15. Respondent acknowledges no other promises in reference to the provisions contained in  
11 this Consent Agreement have been made by any agent, employee, counsel or any person  
12 affiliated with the Nevada State Board of Dental Examiners.

13 16. Respondent acknowledges the provisions in this Consent Agreement contains the entire  
14 agreement between Respondent and the Board and the provisions of this Consent Agreement can  
15 only be modified, in writing, with Board approval.


16  
17 17. Respondent agrees in the event the Board adopts this Stipulation 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 Consent Agreement.

20 18. Respondent and the Board agree none of the parties shall be deemed the drafter of this  
21 Consent Agreement. In the event this Consent Agreement is construed by a court of law or  
22 equity, such court shall not construe this Consent Agreement or any provision hereof against any  
23 party as the drafter of the Consent Agreement. The parties hereby acknowledge all parties have  
24 contributed substantially and materially to the preparation of this Consent Agreement.  
25

26 19. Respondent specifically acknowledges by his signature herein and by his initials at the  
27 bottom of each page of this Consent Agreement, he has read and understands its terms and  
28



1  
2 acknowledges he has signed and initialed of his own free will and without undue influence,  
3 coercion, duress, or intimidation.

4  
5 20. Respondent acknowledges he has been advised he has the right to have this matter  
6 reviewed by independent counsel and he has had ample opportunity to seek independent  
7 counsel. Respondent has been specifically informed he should seek independent counsel  
8 and advice of independent counsel would be in Respondent's best interest. Having been  
9 advised of his right to independent counsel, as well as had the opportunity to seek  
10 independent counsel, Respondent hereby acknowledges, by his own free will, he is  
11 consenting to the Consent Agreement without independent counsel.  (DK).

12  
13 21. Respondent acknowledges in consideration for the Board entering into this Consent  
14 Agreement, Respondent hereby releases, remises, and forever discharges the State of Nevada,  
15 the Board, and each of their members, agents, employees and legal counsel in their individual  
16 and representative capacities, from any and all manner of actions, causes of action, suits, debts,  
17 judgments, executions, claims, and demands whatsoever, known and unknown, in law or equity,  
18 that Respondent ever had, now has, may have, or claim to have against any or all of the persons  
19 or entities named in this section.  
20

21 DATED this 16 day of May, 2013.

22  
23 

24 DUFF W. KASTER, D.D.S.

25  
26 APPROVED AS TO FORM AND CONTENT

27  
28 JOHN HUNT, ESQ.

  
DWK

1  
2 Raleigh & Hunt, P.C.  
3 Board Counsel


4  
5 ORDER

6 **ORDERED:** that the foregoing *Stipulation Agreement re: Reinstatement of License*  
7 ("Agreement" or "Stipulation Agreement") to reactivate the retired license of Duff W. Kaster,  
8 DDS pursuant to the terms and conditions set forth above was approved and Order by the Board  
9 at a properly noticed meeting conducted on January 24, 2013, pursuant Agenda Item #5(o)  
10 subject to Dr. Kaster consenting and successfully completing all of the terms and conditions set  
11 forth above.

12 **ORDERED:** that based upon Duff W. Kaster, DDS having consented to all of the terms and  
13 conditions set forth above in this Stipulation Agreement, it is hereby **ORDERED** that Dr.  
14 Kaster's retired license to practice dentistry in the State of Nevada is hereby reinstated upon  
15 successfully completed all of the terms and conditions set forth Paragraphs 4, 5, 6, 7 and 8  
16 above.

17 **ORDERED** that upon reinstatement of Duff W. Kaster's retired license to practice dentistry  
18 in the State of Nevada upon successfully completed all of the terms and conditions set forth  
19 Paragraphs 4, 5, 6, 7 and 8 above, Duff W. Kaster shall be placed on probation for a period of  
20 three (3) years as of the date of this ORDER pursuant to all of the terms and conditions set forth  
21 above.

22  
23 DATED this 28 day of May, 2013.

24  
25   
26 J. GORDON KINARD, DDS - President  
27 NEVADA STATE BOARD OF DENTAL EXAMINERS  
28

3 John H. Raleigh Hunt 014127 Dental Board 014125 Kaster, Duff (Reinstatement of License) 014126 Stipulation re Reinstatement of License - Kaster - 014125.doc

**Matthew Osayaren**

**328 N 11<sup>th</sup> Street #227**

**Las Vegas, NV 89101**

**Nevada State Board of Pharmacy**

**431 W. Plumb Ln**

**Reno, NV 89509**

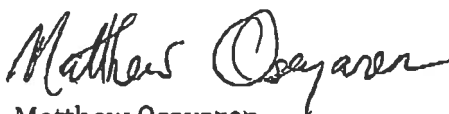
**Request for Reactivation of Pharmacy Licensure**

Dear Sir/Madam:

In my last meeting with the board of Pharmacy, it was indicated to me that the Office of Inspector General had black listed my name in the State Of Nevada. Hence I was instructed to contact that Office for my name to be cleared before my licensed could be renewed. In accordance with that instruction, I contacted the Office of the Inspector General, but only to be informed that the reverse was to be the case. In other word, get your license first before the removal of your name among those within the list in the State of Nevada

Enclosed is their letter to this effect.

Sincerely,



Matthew Osayaren.





Activity in Case 2:07-cr-00227-KJD-PAL USA v. Osayaren et al Order on Motion for Early Termination of Probation

cmecf

to:

cmecfhelpdesk

06/11/2012 11:47 AM

Bcc:

Karen Brokaw

Show Details



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**United States District Court**

**District of Nevada**

### **Notice of Electronic Filing**

The following transaction was entered on 6/11/2012 at 11:46 AM PDT and filed on 6/11/2012

**Case Name:** USA v. Osayaren et al

**Case Number:** 2:07-cr-00227-KJD -PAL

**Filer:**

**Document Number:** 83

#### **Docket Text:**

**ORDER Granting in part and Denying in part [80] Motion for Early Termination of Probation as to Matthew E. Osayaren (1). IT IS FURTHER ORDERED that Special Condition 6 of the Judgment against Matthew Osayaren restricting him from engaging in employment, consulting, or any association with any medical supply business for a period of five (5) years is REMOVED. Signed by Judge Kent J. Dawson on 6/8/12. (Copies have been distributed pursuant to the NEF - EDS)**

**2:07-cr-00227-KJD -PAL-1 Notice has been electronically mailed to:**

Crane M Pomerantz crane.pomerantz@usdoj.gov, melissa.taylor3@usdoj.gov,  
pamela.j.mrenak@usdoj.gov

Thomas A. Ericsson tom@oronozlawyers.com, alicia@oronozlawyers.com

Rebecca A Rosenstein Rebecca\_Rosenstein@fd.org, , Karen\_Brokaw@FD.ORG

1  
2  
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4  
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8 **UNITED STATES DISTRICT COURT**  
9 **DISTRICT OF NEVADA**  
10

11 UNITED STATES OF AMERICA,

12 Plaintiff,

13 v.

14 MATTHEW E. OSAYAREN, *et al.*,

15 Defendants.  
16

Case No. CR-S-2:07-CR-00227-KJD-PAL

**ORDER**

17 Before the Court is Defendant Matthew Osayaren's Motion for Early Termination of  
18 Supervised Release/Motion to Modify Conditions of Supervised Release (#80).

19 **I. Background**

20 On July 15, 2009, Mr. Osayaren was sentenced to five months in custody with three years of  
21 supervised release to follow. Mr. Osayaren's supervision is set to expire in March 2013. In addition  
22 to all the standard conditions of supervision, the Court imposed several special conditions including  
23 Special Condition 6 which states: "You shall be restricted from engaging in employment, consulting,  
24 or any association with any medical supply business for a period of five (5) years." (Dkt. #71.)

25 Mr. Osayaren went to pharmacy school and worked as a pharmacist from 1986 to 2007. Prior  
26 to his conviction in this case, Mr. Osayaren was a practicing pharmacist. Mr. Osayaren's license is

1 currently revoked for five years because of the conviction. That revocation is based on the special  
2 condition of supervision restricting his employment with medical supply businesses.

3 II. Discussion

4 Mr. Osayaren is asking the Court terminate the period of supervised release pursuant to 18  
5 U.S.C 3583(e)(1) so that he can seek reinstatement of his pharmacy license. He hopes to support his  
6 family by again working as a pharmacist. Alternatively, Mr. Osayaren seeks modification of Special  
7 Provision 6 which restricts his employment. The Government has responded by arguing that total  
8 termination of supervised release is not warranted. However, the Government does not oppose  
9 modification of Special Condition 6 as requested by Mr. Osayaren.

10 The Court agrees that modification of the conditions of Special Condition 6 is appropriate.  
11 However, Mr. Osayaren will remain on supervised release subject to all other conditions of  
12 supervision until March 2013 as contemplated in the Judgment (#71).

13 Accordingly, **IT IS HEREBY ORDERED** that Defendant Matthew Osayaren's Motion for  
14 Early Termination of Supervised Release/Motion to Modify Conditions of Supervised Release  
15 (#80) is **GRANTED** in part and **DENIED** in part.

16 **IT IS FURTHER ORDERED** that Special Condition 6 of the Judgment against Matthew  
17 Osayaren restricting him from engaging in employment, consulting, or any association with any  
18 medical supply business for a period of five (5) years is **REMOVED**.

19 DATED this 8<sup>th</sup> day of June 2012.

20  
21 

22 \_\_\_\_\_  
23 Kent J. Dawson  
24 United States District Judge  
25  
26

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**ORDER DENYING REQUEST  
FOR REINSTATEMENT BY  
MATTHEW OSAYAREN, RPH**

**v.**

**MATTHEW OSAYAREN, RPH  
Certificate of Registration No. PH09430  
Respondent.**

**Case No. 09-080-RPH-S**

THIS MATTER was originally heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 14, 2009 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. The Respondent was present and represented himself. On October 27, 2009, the Board issued Findings of Fact, Conclusions of Law, and Order. The Board's Order revoked Mr. Osayaren's license and ordered that he may not work in any business or facility licensed by this Board in any capacity unless and until his license as a pharmacist has been reinstated.

On March 1, 2011, Mr. Osayaren submitted a letter requesting reinstatement of his license and a statement from a medical doctor that he can return to duty.

Mr. Osayaren's pharmacist license had been revoked because he had plead guilty to Obstruction of a Federal Audit and Aiding and Abetting for submitting false and fraudulent documents to CIGNA Healthcare when they asked for documentation of patient records to substantiate claims for Medicare reimbursement. Mr. Osayaren began a five month prison term on October 16, 2009. After his release, Mr. Osayaren was to be on supervised release for a period of three years with several special conditions of supervision to include being restricted from engaging in employment,

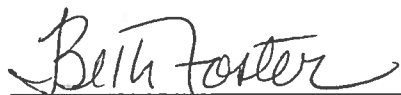
consulting, or any association with any medical supply business for a period of five years. Mr. Osayaren was asked about the special condition excluding him from working from any medical supply business and whether he had specifically spoken to his supervising officer about his request to have his pharmacist license reinstated and he could not give a satisfactory response to the Board. The Judgment in a Criminal Case was marked and admitted as Exhibit 1 in this matter.

Mr. Osayaren was questioned by Board Counsel regarding the letter dated May 28, 2010 from the Department of Health and Human Service excluding Mr. Osayaren from participation in Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act, marked and admitted as Exhibit 2, Mr. Osayaren had no explanation as to where he may work. Mr. Osayaren had no explanation aside from his stating he would find work. Mr. Osayaren gave the Board no indication he would be able to find work as a pharmacist in Nevada, let alone whether Mr. Osayaren is safe and competent and his return to the practice of pharmacy is within the public's interest.

Based upon Mr. Osayaren's presentation and demeanor at the hearing on April 14, 2011, we find that reinstatement of Mr. Osayaren's license is not in the public's interest at this time. Mr. Osayaren must resolve for the Board that there is a legitimate opportunity to practice pharmacy in Nevada that will not violate the terms of his supervision and will not involve Medicare, Medicaid and all Federal health care programs as defined in section 1128(f) of the Social Security Act. At this time we decline to reinstate Mr. Osayaren's pharmacist license (#09430). Mr. Osayaren may

apply again for reinstatement when he determines that he has resolved or addressed the Board's concerns.

Signed and effective this 12<sup>th</sup> day of May, 2011.

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

Beth Foster, President  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

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

**v.**

**MATTHEW OSAYAREN, RPH  
Certificate of Registration No. PH09430  
Respondent.**

**Case No. 09-080-RPH-S**

\_\_\_\_\_/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 14, 2009 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. The Respondent was present and represented himself. The Respondent had filed a written answer and notice of defense that was filed and made a part of the record. Based upon the presentations of the parties, the Board finds the following to be the facts of the matter.

**FINDINGS OF FACT**

1. Board Staff presented two exhibits in this matter, consisting of the Arrest Warrants, Criminal Complaint, Criminal Indictment, Judgment in a Criminal Case, Plea Memorandum in United States District Court Case Number 2:07-CR-227-KJD-PAL. Respondent plead guilty to Obstruction of a Federal Audit and Aiding and Abetting. Respondent in the Plea Memorandum admitted to submitting false and fraudulent documents to CIGNA Healthcare when they asked for documentation of patient records to substantiate claims for Medicare reimbursement. Respondent and his business had received over \$100,000.00 in Medicare reimbursement. On October 16, 2009 Respondent begins his incarceration for five months in federal prison.

2. Respondent made a statement in mitigation requesting that his registration not be revoked.

### CONCLUSIONS OF LAW

The Nevada State Board of Pharmacy has jurisdiction over this matter because Mr. Osayaren is a pharmacist licensed by the Board.

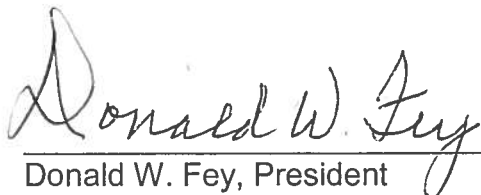
1. In having been convicted of a felony involving Medicare fraud, Mr. Osayaren violated NRS 639.210(1),(4), and/or (7)(a) and/or 639.2815.

### ORDER

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

1. Mr. Osayaren's pharmacist's license (#09430) is revoked. Mr. Osayaren may not be employed in any business or facility licensed by this Board in any capacity unless and until his license as a pharmacist has been reinstated.
2. Mr. Osayaren shall return to the Board's Reno office his wallet card(s) and wall certificate within 10 days of his receipt of this Order.
3. The failure to comply with any term in this order may result in further legal action as the Board staff determines to be necessary.

Signed and effective this 27th day of October, 2009.

  
\_\_\_\_\_  
Donald W. Fey, President  
Nevada State Board of Pharmacy



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**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 reciprocity (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: Gary Middle: Patrick Last: Lapanne

Mailing Address: 842 Vista Patron Drive

City: Bernardo State: NM Zip Code: 87004

Telephone

E-mail Address:

Date of Birth: Place of Birth: Silver Spring, Maryland

Social Security Number: Sex: ☒ M or ☐ F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: New Jersey Date of Issuance: 7/29/99

**College of Pharmacy Information**

Graduation Date: 05/19/99  
(mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Rutgers University, NJ

Location of School: New Brunswick, NJ

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION.  
You also need to complete the college of pharmacy information

**Board Use Only**

Received: 5/7/13 Amount: \$330.00 Entity #: 63196

Laws \_\_\_\_\_ MPJE \_\_\_\_\_

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?
NJ	288102673800	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
NM	RP00007293	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

\*\*Attach separate sheet if needed

				Yes	No
<p>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"/></p>					
<p>1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....<input type="checkbox"/> <input checked="" type="checkbox"/></p>					
<p>2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....<input checked="" type="checkbox"/> <input type="checkbox"/></p>					
<p>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"/></p>					
<p>If you marked <b>YES</b> to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:</p>					
Board Administrative Action: <i>probation</i>		State: <i>NM</i>	Date: <i>9/11/12</i>	Case #: <i>2011-063</i>	
Criminal Action:	State:	Date:	Case #:	County:	Court:
		<i>/ /</i>			

### 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.

*Gary P. Lapanne*  
 Original Signature; no copies or stamps accepted

*4/12/13*  
 Date



**Professional History**

PAGE 3 OF 6

1. Have you ever voluntarily surrendered your pharmacist license or any pharmacist registration issued by a federal or state controlled substance authority?

Answer: **Yes**

2. Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority?

Answer: **Yes**

3. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws?

Answer: **No**

4. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?

Answer: **No**

5. Are you presently or have you within the past five years ever participated in a chemical substance rehabilitation program?

Answer: **Yes**

6. Have you ever had any application for initial licensure, renewal licensure, or licensure by transfer denied by any licensing authority whether in pharmacy or any other profession?

Answer: **No**

Explanation: Voluntary Surrender of NM RPh license on 1/17/12. Reinstatement of NM RPh license on 8/28/12. NM RPh license placed on probation on 8/28/12.

Completed a 10 week Intensive Outpatient Program in April 2012. I have been enrolled in the New Mexico Monitored Treatment Program since 1/20/12. I signed a 5 year contract on 1/20/12 and am active and current in the program.


**Affidavit** (Must be completed)

To prove any of the information presented in this application, including but not limited to character, education, and practical experience claimed, I will submit a certified copy of the required documents and recent identical photographs, properly identified.

I, Mr. Gary Patrick Lapanne, under oath, hereby swear or affirm that I have read the foregoing paragraphs, and the information therein is complete, true, and correct. I understand that any false statements made by me in this Application may be punishable by law.

  
Signature of Applicant

Sworn to and subscribed before me this 12th day of APRIL, 2013

My commission expires 04/16/2017. Notary Public   
(Notarization not required in states where prohibited by law.)



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

~~EXAMINATION~~  
APPLICATION BY RECIPROCATION 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: CASHMIR Middle: CHINEDU Last: LUKE

Mailing Address: 848 NORTH RAINBOW BLVD #17

City: LAS VEGAS State: NV Zip Code: 89107

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: NIGERIA

Social Security Number: \_\_\_\_\_ Sex: ☒ M or ☐ F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

College of Pharmacy Information

Graduation Date: 12/22/2007  
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Shenandoah University BJD School of Pharmacy

Location of School: 1460 UNIVERSITY DRIVE, WINCHESTER VA 22601

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: 5-14-13 Amount: \$330.00 Entity #: 63421

Laws 6/6 MPJE \_\_\_\_\_

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?
<u>MD</u>	<u>190061</u>	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?.....					
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:					
Board Administrative Action:		State	Case #:		
<u>Revocation</u>		<u>MD</u>	<u>950061</u>		
Criminal Action:	State			Court	
	<u>MD</u>	<u>3/20/09</u>		<u>Federal (US District Court)</u>	

### 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

5/12/13  
Date

May 12, 2013

To: Dave Wuest  
Pharmacist Licensing Division  
Nevada State Board of Pharmacy  
431 W Plumb Lane  
Reno, NV 89509

Dear Mr. Wuset

Per your request the following is explanation for the yes answers I provided on questions 1 and 2 in Nevada Board of Pharmacy licensing application for Pharmacist license. In this response I will address the following areas truthfully and to the best of my ability;

**Summary of conviction**

The facts presented in court by the government at trial was that I willingly and knowingly conspired with *a co-worker known or unknown* to me to steal name and social security number belonging to a patient at a facility I previously worked, and that the said "co-conspirator" used that information to apply for a United States passport. When requested to provide a letter of support by the passport agency, I did so on behalf of that co-worker, and in that letter of support I referenced the stolen name and social security number. As I stated in my direct testimony during trial, I respectfully reject the notion that I knowingly and willfully became a participant in the alleged criminal conduct to use fraudulent documents to apply for a United Passport. Having worked at various health care setting for many years, even owning and running a successfully healthcare company in the State of Maryland called Medical One for which I had accesses to hundreds of personal information belonging to others, and to willing participant in stealing someone's identity for someone I hardly knew and for a purpose I had absolutely nothing to gain from is an unconscionable assertion I strongly reject. This was never my character then. now. nor will it ever be.

On October 10, 2006 almost ten months after I left the facility were I used to work, my younger informed me that his childhood friend is looking for me and will like to talk to me about a passport application he submitted. At the time I was in Virginia attending Pharmacy school. During subsequent telephone conversation that followed. he told me that he was had applied for a US passport and they sent him a letter requesting a letter of support from someone that know him, and that the person must be a US citizen. I was somewhat surprise that they were requesting for a letter of support but didn't think it was out of the realm of possibility that the agency will be requesting for such letter. I told him that I will be in Baltimore, the following weekend, and I will like to see the letter they sent him.



When I got the letter from him the first thing I noticed was that the name on the letter was different from the name I have known before. When I questioned him about the discrepancy he informed me that he had changed his name when he became a naturalized citizen, something that is very commonly done. Upon my returning to Virginia, I contacted the passport agency to inquire further about the letter, and was told that they cannot give specific information about that particular application, but was told that they do in some occasions request for a letter of support from applicants that submitted some information that they could not verify. On November 6, 2006, I sent a letter to the passport agency in support of his application and in that letter I referenced the name and social security number that appeared on the letter sent to him by the passport agency. As the transcript of the trial showed, I was never there when he submitted application for a passport, I was not even aware that we both had worked at the same facility. I worked weekend's night shifts and he was working weekdays at the same facility as a physical therapy aid through a local temporary agency, as he later told me.

I was not aware that my brother and his friend where involved in a scheme to obtain a United States passport, and his friend was working as a physical therapy aid at same hospital that I worked in 2006. My brother while living with me stole my oldest son and deceased daughter's information to apply for a passport the same year. I failed to notify the authorities when I notified that those documents were missing, until I was questioned about his friend's passport application for which I provided a letter of support when he asked me to do soon his behest. It was then that I told then the authorities about the two incidents involving my brother. I admit it was serious error in judgment to have not reported my brother to authorities when I initially found out about it prior to the unrelated incident for which I was convicted. Again I accept full responsibility for that decision.

As the presiding Judge Frederick Motz instructed the jury during the trial, "In a criminal conspiracy charge, the government does not have to show that a defendant was aware of all aspects of the conspiracy or even aware of the nature of conspiracy to be found guilty of being a co-conspirator; only that he or she performed an act that had it succeeded would have furthered the criminal enterprise"....quote. It was on these bases that I was convicted. Indeed by sending that letter of support, I performed an act that had it succeeded would have resulted in furtherance of the criminal conduct alleged, and to that I take full responsibility for it.

### **Conviction and Sentence:**

In March 2009, I was convicted by a federal jury in Baltimore Federal Court on two counts indictment for my involvement stemming from a fraudulent passport application that was filled in 2006 by person(s) known to me, for which I provided a supporting letter;

- (1) Conspiracy to commit document fraud
- (2) Aiding and Abetting in theft of said document.

On May 17, 2009 I received a sentence of three-months on count one, and statutory mandatory twenty-four months on the second count, with a three year supervised probation and a court fine of \$250. On July 27, 2009, I self surrendered to a federal camp in California to begin my sentence. After completing sixteen months in federal camp, on Nov 1, 2010, I was released from the camp for good conduct.

Although the incident in question occurred in 2006, while I was still in Pharmacy school, on September 2009, Maryland Board of Pharmacy notified me of decision to revoke my Pharmacist license that was issued on June of 2008. I exercised very poor judgment, unethical, and unworthy of professional. Simply put it was an irresponsible conduct. However this does not in any reflect the person I am, or will be going forward. I have learned a very important lesson and at the age forty-eight I cannot afford to make mistakes that will further deprive my children of their father's love and support. I have put them and indeed my entire family through enough unwarranted hardship.

August 24, 2013 will mark my thirty-three years in this country. Like so many, I came here seeking opportunity for a better life. I have always believed in the value of good education, hard work, honesty, and perseverance as they are keys to a better life. These are the values that I was raised in. Third in the family of ten and first to come to this country, I was mindfully of the expectation of those I left behind including my parents and was determined to make a difference in their lives and to be an example for those that will subsequently follow my footsteps, and I believe I have been living up that expectation until this incident occurred. It's safe to say that I have let them down. It was a great joy when after completing my Associate degree in Respiratory therapy 1992; I was able to save enough money to bring both my parents and three siblings to this country.

In 1994, I made a decision to further my education beyond an Associate degree in Respiratory therapy. I was granted admission to attend University of Tennessee to pursue a dual major in Chemistry and Biochemistry. I successfully completed my undergraduate studies with honor in 1997 before returning to Maryland. After my divorce in 2003, I left Maryland to pursue a dual degree in Doctor of Pharmacy degree and Masters in Business Administration at Shenandoah University in Virginia because of my love for caring for the sick. In December 2007, I was granted a Doctor of Pharmacy degree and a Masters in Business Administration. My career in the health care setting span many years at various facilities, and did not start in 2006 when the alleged incident happened. In all, my work in the health care facilities span over twenty years, at no point was I ever discharged, questioned, suspended or reprimanded for misusing privileged information belonging to anyone. As a matter of fact I had left the facility in question where the alleged incident occurred ten months prior to providing the supporting letter for passport applicant that has forever changed my life.

The blame is all mine and no one else, regardless of the circumstance I allowed myself to be used, no one forced me to become involved in what I was accused of doing. I could have simply said NO, it was all my fault. and I asked for forgiveness and the opportunity to go back to the profession I worked so hard to be a part of, and mostly importantly to begin the process of re integration back as responsible member of this society.

The responsibility for my actions lies squarely on my shoulder and no one else. There will never be a day that goes by that I will not reflect on the events of these past three years. There is no way to convey to this "Board" how deeply sorry I am. I fully understand now as I did not then, how unbecoming of a professional my conduct was. There are so many things I will do differently now to ensure that incidents such as this never happen again. Lessening the possibility of recurrence is not an option. preventing it from ever happening again is a must. Since this was an offense that I had absolutely nothing to gain from, I can unequivocally assure this "Board" that they and the public need not ever worry of recurrence in the future; I have a lot to lose and this is something I will always remember in all that I do. Again I fully do understand the gravity of the offense for which I was accused of participating in and do accept full responsibility for the consequence as a result.

1. Specifically, I want to assure the "Board" that never again will I sign a document whose contents or intent I do not fully understand because to do so may once again expose me to a situation such as this. As mundane as this may sound this have been source of great weakness in my life. This is a pledge I have made to myself, my children, and my parents and one that am now making to the "Board".
2. I will always report to the authorities any violation that I witness that contravenes the laws and or regulations of this "Board" or any other regulatory Board no matter who committed it and irrespective of what ever relationship I may share in common with that person, and this includes my siblings.
3. I plan to enroll in ethic class for health care workers in the fall semester this year. Also I plan to attend seminars in the future dealing with HIPAA (Health Insurance, Portability and Accountability Act) law as way to further strengthen my understanding of the importance of confidentiality in handling patients' personal information although I still maintain that I never misused any confidential information belonging to others. It is worth nothing that I have attended several seminars dealing with this issue in the past, and will continue to do so in the future.
4. I will always seek a competent advice in matters that I do not fully understand before making a decision as to whether to participate in such act.
5. The conduct that led to this hardship I have been going through for the past three years now have left an indelible mark on my psych one that I can never erase. Being mindful of the fact that this conduct has eroded the longstanding trust the

institutions that gave me the opportunity to provide care for their patients. and public at large placed on me, I will work very hard to rebuild that trust including that of this "Board"

6. Since completing my sentence, I have performed over two hundred hours of non court ordered community volunteer work at my local church in various capacities and do intend to continue to do volunteer work for the foreseeable future. These experiences have given me a greater appreciation of the importance of giving back to the community, as the community has given me.

I chose not to apply for reinstatement of my pharmacist license in the state of Maryland because I have no intention of practicing pharmacy in Maryland also since I currently live in the State of Nevada there is no need seek licensure in another state at this time.

#### **Acceptance of Responsibility:**

There is nothing I can say to this "Board" in writing or words that can adequately convey the shame, humiliation, and embarrassment I feel each day as a result of this tragic event and its consequence. This singular act "Providing a letter of support for a passport application"; form the genesis of what has become the most catastrophic event of my life which have forever changed my life. I became a co-conspirator in the commission of document fraud; aiding and abetting in stealing the said document. This is my albatross the ramification of which will continue to follow me long after this "Board" makes it determination. It has shattered my hopes, dreams, and future aspiration, and to a larger measures those of my children. The impact of this singular act will forever be engraved in my psych and the label of being associated with the word "convict" by society at large is one that I will take to my grave. This is not how I had planned to neither end my career nor conduct my life especially after spending so many years of my life in college. There is no place I can go now to get my good name back.

Life have been extremely difficult for me since this occurred. I have three little girls' ages ten and eight, and four years old. My inability to provide any type of financial support to them and my aging parents it taking a great tool on their lives. This has been the hardest aspect of this tragedy. I know the road back will be very difficult God willing the "Board" chose to grant me the opportunity to go to back to work, I make no illusion of the task ahead, but this process will never begin until am able to get back to doing the job I love most.

*Yes I unknowingly broke the Law; the Law did not break me!* as such am in control of my future, what I become going forward will be entirely be of my choosing, to cease what ever opportunity offered as way to demonstrate that am a better man than what has been painted in court of public opinion and on piece paper about me. The choice I made in the past was left exactly where it belongs... the Past". Am determined to work extremely hard to once again earn the trust of the public and this Board to conduct my life in most ethical and professional manner, and abide by all professional code of conduct.

It will be very difficult for me begin the process of healing without securing a meaning job which will be very difficult to do without a license. Staying at home each day with a bag full of degrees does neither the Board nor society any good at this time. I understand the Board's concern in this matter but pray it look beyond the mistakes of the past. and grant me the opportunity to provide the kind of leadership and professionalism I know am capable of. Again this was an insolated incident that will never repeat itself. My punishment thus far has been quite severe and continuing deprivation of my ability to provide for myself, my children and aging parents will impose further hardship on all of us; it serves the society no further meaningful purpose.

Furthermore, I recently completed the following APhA approved home study continuing education classes, for total continuing education units of thirty.

1. OTC-ORAL: A Review of Over-the-Counter Oral Dosage Forms
2. Understanding Diabetes and Insulin Delivery Systems
3. Medication Errors. Public Safety and Protecting Your License
4. Medication Error Reduction Perspectives From Two States With Legal Case Analysis -LAW-
5. Managing Warfarin Therapy in Various Pharmacy Settings
6. A Review of Pathophysiology and Medicinal Treatment Options of Rheumatoid Arthritis
7. Women Beware - The Threat of COPD
8. ADHD: A Life Script from Conception to Adulthood
9. A Clinical Update in Diabetes Management
10. A Prescription for Pharmacist Burnout
11. A Clinical Update in Diabetes Management
12. A Prescription for Pharmacist Burnout
13. Palliative Care - Treatment at the End of Life
14. Chronic Pain Patients and Drug Diversion: Protecting Your Pharmacy Practice
15. Emily's Act: An Impact on Public Safety and Medication Errors -LAW-
16. Conquering Major Depressive Disorder in Rural Communities - The Pharmacist's Role
17. Managing Postprandial Glucose
18. Strategies to Improve Adherence – Understanding Schizophrenia, Weight Gain, and Associated Health Risks
19. Diabetes Double Jeopardy - What do Minorities and Senior Citizens Have in Common
20. Pharmaceutical Help to Control Cholesterol
21. Diabetic Peripheral Neuropathy - A Painful Complication
22. Attacking the Flu Bug – The Pharmacist's Pro-Active Role in Preventing and Treating Influenza
23. Strategies to Improve Communications Between Pharmacy Staff and Patients
24. The 4-1-1 on Sickle Cell Anemia
25. Fast Facts in OTC PPI's

26. An Update on HIV Therapy: Protease Inhibitors for Treatment Experienced Patients

I respectfully ask that the "Board" grant me a second chance to make things right path and favorably consider my request. I have failed in my responsibility both as a man and as a professional; there is no doubt about it, only asking for a second to put this sad chapter of my life behind me, and to regain some sense of normalcy.

Finally, I have registered with NABP to retake NAPLEX exam, and to also take Nevada Law exam as a part of the application process, and will be prepared to do so as soon as I receive ATT from the Board.

Respectfully;

A handwritten signature in black ink, appearing to read 'Cashmir C. Luke', with a stylized, cursive script.

Cashmir C. Luke, PharmD/MBA

Blank

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 reciprocatation (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: DIYEN Middle: HUONG Last: PHAM

Mailing Address: 5964 Mt. Matterhorn St.

City: Fountain Valley State: CA Zip Code: 92708

Telephone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Vietnam

Social Security Number: \_\_\_\_\_ Sex: ☐ M or ☒ F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: CA Date of Issuance: 1/2008 - 2/08/2007

College of Pharmacy Information

Graduation Date: 06/15/2006  
(mm/dd/yyyy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Massachusetts College of Pharmacy - Worcester

Location of School: Worcester, MA.

If you are a foreign graduate you must attach a copy of your FPGE 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 #: \_\_\_\_\_

Laws 2/19 MPJE \_\_\_\_\_



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	59325	Yes <input checked="" type="checkbox"/> No <input 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?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:			
Board Administrative Action:	State	Case #:	
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 1/30/13

National Association of Boards of Pharmacy  
1600 Feehanville Drive, Mt. Prospect, IL 60056  
847/391-4400 ~ Clearinghouse@NABP.NET

# Notification of Disciplinary Action - Pharmacists

03/27/2013

To State Board of Pharmacy

DISCIPLINARY ACTIONS ARE SUBMITTED TO NABP BY STATE BOARDS OF PHARMACY ON A VOLUNTARY BASIS, AND, ACCORDINGLY, THE FOREGOING REPORTS MAY NOT BE ALL INCLUSIVE, FURTHER, THE INFORMATION SET FORTH SHOULD BE VERIFIED WITH THE DESIGNATED DISCIPLINARY JURISDICTION AS TO ACCURACY AND STATUS PRIOR TO RELIANCE ON THESE REPORTS IN SUPPORT OF ANY CONTEMPLATED ACTION BY YOUR AGENCY.

Carmen A. Catizone, MS, RPh, DPh  
Executive Director/Secretary

Name of Board Taking Action Licensee Address	Date of Birth Soc. Sec. No.	State Licenses	Date of Action Effective Date	Adverse Action Taken Fine, Basis for Action	Duration of Action
California State Board of Pharmacy					
NABP158820		CA RPH59325	03/27/2008	Publicly Available	<input type="text"/> Years
Duyen Huong Pham			03/27/2008	Fine/Monetary Penalty	<input type="text"/> Months
15964 Mount Matterhorn St				Fine=\$750.00	<input type="text"/> Days
Fountain Valley				Error in Prescribing, Dispensing or Administering Medication	
CA, 92708	07/03/1978			//	
	611145455			Pharmacist fined \$750.00 for variation from prescription.	

**BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**CITATION AND FINE**

<b>Citation Number</b>	<b>Name, License No</b>
CI 2007 35325	DUYEN HUONG PHAM , RPH 59325

**JURISDICTION:** Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (b)

<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMT OF FINE</b>
CCR, Title 16, § 1716	Variation from prescription	\$750.00

**CONDUCT:**

**CITATION ISSUED ON:** March 27, 2008

**TOTAL AMOUNT OF FINE(S):** \$750.00

**PAYMENT OF FINE(S) DUE BY:** April 26, 2008

NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane ~ Reno, NV 89521 ~ (775) 850-1440

- PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

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

Complete Name (no abbreviations):

First: Roberto Middle: Rafael Last: Beltran

Home Address: 1229 Abbeyville Dr. Apt #: \_\_\_\_\_

City: Las Vegas State: NV Zip Code: 89119

Telephone: 1 Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Las Vegas Sex: ☒ M or ☐ F

E-mail Address: om

I am requesting registration at the following pharmacy:

Pharmacy: PIMA MEDICAL INSTITUTE Store #: N/A

Address: 3333 E. FLAMINGO RD

City: LAS VEGAS State: NV Zip Code: 89121

Signature of Managing Pharmacist: Steve L. Dean Lic #: PT00139 Date: 1/10/13

(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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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	Case #:	
Criminal Action:	State		Case No.	Court
	NV	08/17/2011	Misdemeanor 11M35227X	Justice Court

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

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

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

Original Signature, no copies or stamps accepted: Roberto Beltran Date: 01/10/13

Board Use Only Received: 1-16-13 Amount: 40.00 Entity # 62192

# JUSTICE COURT, LAS VEGAS TOWNSHIP

TE VS. BELTRAN, ROBERTO R JR

CASE NO. \_\_\_\_\_

DATE, JUDGE  
OFFICERS OF COURT  
PRESENT

APPEARANCES - HEARING

CONTINUED TO:

JULY 5, 2011	<b>CITATION ISSUED:</b>  <b>COUNT 1: POSSESSION OF DRUG PARAPHERNALIA</b> <b>COUNT 2; POSSESSION OF CONTROLLED SBUSTANCE LESS THAN 1 OUNCE</b>	08/17/11 730AM #10  RG
AUGUST 17, 2011 M. ANDRESS-TOBIASSON K. BARRIE, DA D. MCCORD, CR K. COWLEY, CLK	INITIAL ARRAIGNMENT DEFENDANT PRESENT IN COURT DEFENDANT ADVISED OF CHARGES/WAIVES READING OF COMPLAINT DEFENDANT WAIVES RIGHT TO TRIAL COURT ORDERS COUNT 1 DISMISSED MOTION BY STATE TO AMEND COUNT 2 TO MISDEMEANOR <b>POSSESSION OF DANGEROUS DRUGS NOT TO BE INTRODUCED INTO INTERSTATE COMMERCE – MOTION GRANTED</b> <b>PLEA OF GUILTY</b> DEFENDANT TO STAY OUT OF TROUBLE \$158 FINE \$75 AA \$7 SAA \$10 FAA - \$250 TOTAL DUE DEFENDANT MAY DO 25 HOURS OF COMMUNITY SERVICE IN LIEU OF FINE DEFENDANT TO ATTEND LOW LEVEL DRUG COUNSELING <b>JUDGMENT ENTERED</b> DATE SET  NO BAIL POSTED	11/17/11 8:00 #10  kc
OCTOBER 26, 2011	RECEIPT OF PAYMENT – RECEIPT # 10040768 \$250.00 PAID AS - CC FINES CRIMINAL	TPG
NOVEMBER 17, 2011 M. ANDRESS-TOBIASSON P. BURNS, DA R. SILVAGGIO, CR K. COWLEY, CLK	DEFENDANT <b>PRESENT</b> IN COURT <b>\$250 FINE PAID</b> <b>LOW LEVEL DRUG COUNSELING COMPLETED/PAID</b>  <b>CASE CLOSED</b>	RG



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

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

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

Complete Name (no abbreviations):

First: TERESA Middle: ANNETTE Last: RANSOM

Home Address: 3729 COVERICK DRIVE Apt #: \_\_\_\_\_

City: NORTH LAS VEGAS State: NV Zip Code: 89032

Telephone \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: RIVERSIDE, CA Sex: ☐ M or ☒ F

E-mail Address: \_\_\_\_\_

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Pharmacy Store #: 4579

Address: 2400 E Tropicana

City: LAS VEGAS State: NV Zip Code: 89121

Signature of Managing Pharmacist: [Signature] Lic #: 18051 Date: 11/14/12

(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 <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Been the subject of an administrative action whether completed or pending in <u>any</u> state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. 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 (3-5) above, include the following information & provide documentation:

Board Administrative Action:	State	Case #:

Criminal Action:	State	Court
	<u>11</u>	<u>SEE ATTACHMENT</u>

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

	Yes	No
Are you the subject of a court order for the support of a child?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Teresa A. Ransom 3-22-13  
Original Signature, no copies or stamps accepted Date

Board Use Only Received: \_\_\_\_\_ Amount: \$40.00 Entity # 62796



Las Vegas Metropolitan Police Department  
400 S. Martin L. King Blvd.  
Las Vegas, Nevada 89106

CLERK: G13501W

☐ OBTAINING IMMIGRATION LETTER/VISA

☐ SEALING OF RECORDS

☒ PERSONAL USE

By: 613501W Date: 03212013  
Las Vegas Metro Police Dept.

IDENTIFYING MARKS: L. BREAST TATTOO BUTTERFLY W/ FLOWER  
(Scars, Tattoos, etc.)

FOR OTHER AGENCY INFORMATION, CONTACT  
THE AGENCY DIRECTLY  
OR  
FOR COMPLETE BACKGROUND CHECKS, CONTACT  
THE STATE OF NEVADA REPOSITORY AT  
775-684-6621

(Signature)

\*NM-RANSOM                      TERESA                      ANNETTE  
CS-0885746                      RC-B SX-F HT-506 WT-170 HR-BLK EY-BRO  
F1-5 U-'T  
F2-1 T'T  
BP-RIVERSIDE CA  
A1-11287 SHARP CIR    NLV NV 89030                      032807

WP246 MPD E071805 NON GAM JACKIE GAUGHANS PLAZA - GRA 081100  
WP248 MPD E071898 GAMING RIO - KENO WRITER 060695

MP252 MPD 033199 MISSING PER -V-	990331-1535	*CANCEL*071499
MP253 MPD 031987 RUNAWAY JUV	87-51182	*CANCEL*033187
MP254 MPD 101386 RUNAWAY JUV	86-31121	*CANCEL*101686
MP255 MPD 091186 RUNAWAY JUV	86-29829	*CANCEL*091886
DR253 MPD 060594 T/C OWENS AV/"C" ST (R/O)		940605-1131
DR254 MPD 020491 T/C VALLEY VIEW & ALTA DR		910204-0540
DR255 MPD 060789 T/C TWAIN & WYNN		89-09774

\*\*DISPLAY CONTINUED ON NEXT PAGE\*\*

PER NEVADA REVISED STATUTE, THE LAS VEGAS  
METROPOLITAN POLICE DEPARTMENT IS  
AUTHORIZED TO RELEASE OUR AGENCY'S  
CRIMINAL HISTORY INFORMATION ONLY.

FOR OTHER AGENCY INFORMATION, CONTACT  
THE AGENCY DIRECTLY

OR

FOR COMPLETE BACKGROUND CHECKS, CONTACT  
THE STATE OF NEVADA REPOSITORY AT

775-684-6662

The Use and Dissemination of this  
Record is Regulated by Law. Secondary  
Dissemination of any kind is Prohibited  
and could subject the offender to Criminal  
and Civil Liability.

This Information Released To:

Ransom, Teresa

By: 61350W Date: 03212013

Las Vegas Metro Police Dept.



AR239 NLV 014 032807  
AR240 MPD 013 121704 FTA

POSS NARCO PARAPHERNALIA 07-8507  
NO PROOF OF INSURANCE

NLV  
MPD

LVC BW-1-2450700-A

\*\*DISPLAY CONTINUED ON NEXT PAGE\*\*

PER NEVADA REVISED STATUTE, THE LAS VEGAS  
METROPOLITAN POLICE DEPARTMENT IS  
AUTHORIZED TO RELEASE OUR AGENCY'S  
CRIMINAL HISTORY INFORMATION ONLY.

FOR OTHER AGENCY INFORMATION, CONTACT  
THE AGENCY DIRECTLY

OR

FOR COMPLETE BACKGROUND CHECKS, CONTACT  
THE STATE OF NEVADA REPOSITORY AT

775-684-6667

The Use and Dissemination of this  
Record is Regulated by Law. Secondary  
Dissemination of any kind is Prohibited  
and could subject the offender to Criminal  
and Civil Liability.

This Information Released To:

Ransom, Teresa  
By: 613501W Date: 03 21 2013  
Las Vegas Metro Police Dept.

AR253 MPD 003 020189	PROST SOLICIT	MPD
AD253 MPD 003 040689	PROST	
959-89M	FIN FINED \$300	
AR254 MPD 002 111488	NO WORK CARD - ESCORT	DENY111788MPD
AR255 MPD 001 111488	PROST SOLICIT	MPD
AD255 MPD 001 062989	PROST	
7064-88M	FIN \$500 FINE	

PER NEVADA REVISED STATUTE, THE LAS VEGAS  
METROPOLITAN POLICE DEPARTMENT IS  
AUTHORIZED TO RELEASE OUR AGENCY'S  
CRIMINAL HISTORY INFORMATION ONLY.

FOR OTHER AGENCY INFORMATION, CONTACT  
THE AGENCY DIRECTLY  
OR  
FOR COMPLETE BACKGROUND CHECKS, CONTACT  
THE STATE OF NEVADA REPOSITORY AT  
775-684-6467

The Use and Dissemination of this  
Record is Regulated by Law. Secondary  
Dissemination of any kind is Prohibited  
and could subject the offender to Criminal  
and Civil Liability.

This Information Released To:

Ranson, Teresa  
By: GL3501W Date: 03/21/2013  
Las Vegas Metro Police Dept.

March 13, 2013

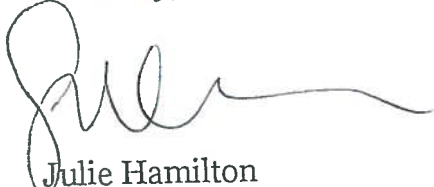
Dear Nevada Board of Pharmacy,

Walgreens takes in pride in staffing its stores with quality individuals to service our communities. We now require every member of management to hold a Technician Training license in order to assist the pharmacy during busy times (selling prescriptions, filling, etc). Teresa Ransom, an assistant manager at Walgreens, has been a valued team member for over 5 years and is currently seeking her license.

In the past 6 months that I have worked with Teresa, she has been nothing but professional, courteous, and always willing to learn new things. I feel confident that she will be an asset to our pharmacy in the future, and we look forward to having her join us to better serve our patients.

Please consider her application for a Technician in Training license. I have the highest regards for her and her work ethic. Thank you.

Sincerely,



Julie Hamilton  
Pharmacy Manager  
Walgreens 4579  
2400 E Tropicana, Las Vegas, NV 89121  
702-435-6289

Walgreen Co.  
2400 E. Tropicana Ave.  
Las Vegas, NV 89121  
702-435-6289  
702-435-6375 Fax

Mon. - Fri. 9am - 9pm  
Saturday 9am - 6pm  
Sunday 10am - 6pm  
[www.walgreens.com](http://www.walgreens.com)

Julie Hamilton, R.Ph.  
Pharmacy Manager



NEVADA STATE BOARD OF PHARMACY  
431 W. PLUMB LN • RENO, NV 89509 • 775-850-1440  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**  
*Registration Fee: \$40.00 – (non-refundable)*

☒ New Application    ☐ Change of Pharmacy    ☐ Additional Pharmacy (Please check one)  
Complete Name (no abbreviations):

First: Adriana    Middle:    Last: Rosales Marquez

Mailing Address: 2521 Magnet St Apt B

City: North Las Vegas    State: NV    Zip Code: 89030

Telephone:    Social Security Number:

Date of Birth:    Place of Birth:    Sex: Female

E-mail Address:

**I am requesting registration at the following pharmacy or approved technician school:**

Name of School: *Kaplan College*

Address: *3535 W. Sahara Ave.*

City: *Las Vegas*

State: *Nevada*

Zip Code: *89102*

Signature of Program Director: 

Date: *6/24/13*

(Without the signature of the program director, the application will be returned)

1) Are you 18 years of age or older?    ☒ Y    ☐ N

2) Are you a high school graduate or the equivalent?    ☒ Y    ☐ N

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

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

4) I have ☐ I have not ☒ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐.

5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.

6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

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

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

b) Criminal Action    State: \_\_\_\_\_    Date: \_\_\_\_\_    Case#: \_\_\_\_\_  
County: \_\_\_\_\_    Court: \_\_\_\_\_


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

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

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

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

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

  
Signature

*5-29-13*  
Date

Board Use Only

Received: *6/26/13*

Check Number: \_\_\_\_\_

Amount: *\$40.00*

*63670*



To whom it may concern:

Please note that Tech in Training Applicant Adriana Rosales Marquez tested positive for Marijuana on her random drug screen. Student has been given direction regarding PRN PRN counseling and requests a meeting with the board if necessary at the next Las Vegas meeting to petition for her tech-in-training license. Thank you.

Mark Brunton, CPhT

Pharmacy Technician Program Director,

Kaplan College Las Vegas

(702)579-3528

mbrunton@kaplan.edu

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440  
**PHARMACEUTICAL TECHNICIAN APPLICATION**

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

Complete Name (no abbreviations):

First: ROBERT Middle: COWAN Last: THOMAS

Home Address: 5811 Affirmed Court Apt #: \_\_\_\_\_

City: Las Vegas State: NV Zip Code: 89113

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: San Leandro, CA Sex: ☒ M or ☐ F

E-mail Address: \_\_\_\_\_

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate line and include documentation.

- ☐ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
- ☐ Copy of a certificate from an ASHP approved pharmacy technician school.
- ☐ Copy of certificate of completion of pharmaceutical technician program approved by the board.

- |  |   |
|--|---|
| 1. Are you 18 years of age or older?                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2. Are you a high school graduate or the equivalent? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
- (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)**

		Yes	No
<b>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?....</b>			
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....			
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....			
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. 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"/>
<b>*If you marked YES to any of the numbered questions (3-5) above, include the following information &amp; provide documentation:</b>			
Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
	MN	/ /	
			County
			Hennepin
			Court
			ST. Paul Federal 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>IF</b> you marked <b>YES</b> to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

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

Original Signature, no copies or stamps accepted

Date

3/26/13

**Board Use Only**

Received: \_\_\_\_\_ Amount: \$40.00 Entity # 63108



Rob Thomas

March 28, 2013  
Nevada State Board of Pharmacy  
431 Plumb Lane,  
Reno, NV 89509

Dear State Board,

I had received my license in 1999 in Nevada when I was 19 after completing the 500 hours as a tech in training where I was then promoted to work in Minneapolis Mn. I scored 2nd highest in nationwide exam for pharm techs in the same year. In 2003 I was convicted in federal court of conspiracy to distribute methamphetamine and MDMA in which I served 5 years and 6 months, I went through a 9 month drug rehabilitation program and successfully completed. It was released in 2007 and completed 1 year of aftercare at Bridge Counseling in Las Vegas. and again completed the program with accolades. Then unfortunately Dec 29 of 2008 I was stopped and charged with a DUI in which I completed all classes and requirements that satisfied the courts. I am unable to find all the necessary documentation pertaining to the cases because the time that has passed, but if they are necessary I will see what other means I have in finding the information. I have worked very hard to work past my past record and last year graduated from College of Southern Nevada with an Associate in Science in the field of Medical Laboratory Technician and am working towards my Bachelor as well. I also was certified as a personal fitness trainer and continually try to better myself and learn new subjects. I now have an opportunity to get back into the pharmacy which is a job I loved and am asking if I have the support of the Board to apply. I can and would accept any conditions that may be placed on me if necessary because I have no qualms about proving myself and my abilities. I'm applying also for the limited entry program to continue with my BS degree and they require working in the health fields as extra weight towards acceptance of my application. So I ask that you would please accept my application to get back into the field so I again can continue to learn as much as possible and use the skills I've been granted to succeed. Also, when I was in the pharmacy I scored second highest for pharmacy technicians and the only one to get higher was a pharmacy student, that was when I was 19, so allowing me back into the field is beneficial to me and the field. Thank you for your time and I hope I have proven that I am more than the mistakes of my young adult life.

Sincerely yours,

Rob Thomas

PT02499



TEMPORARY LICENSES  
(Issued since last board meeting)

Carson Tahoe Hospital Pharmacy

Kimberlee Thuringer

UMC

Kelly Nesseth



Blank

KAEMPFER

CROWELL

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## **NEVADA STATE BOARD OF PHARMACY**

**2013 NEVADA LEGISLATIVE SESSION  
SUMMARY REPORT**

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## SESSION SUMMARY: OVERVIEW OF THE 2013 LEGISLATIVE SESSION

The 77<sup>th</sup> session of the Nevada Legislature adjourned June 3, having not quite completed their work. Despite 120 days, and a relative lack of high profile battles, legislators failed to pass a handful of important bills and Governor Sandoval had to call them back into a brief special session the morning of June 4. Despite moments of drama, including some that might signal a shift in Nevada's political climate, the session was relatively uneventful when viewed from the perspective of the average Nevada citizen or business. ([As Legislature winds to a close, a look at its dramatic moments - LV Sun](#))

This session featured new leaders for each of the four legislative caucuses, and the potential for all of them to hold the same positions in at least one more session. They brought a mix of optimism, commitment to bipartisan relations and inexperience to their jobs, and each trait was on display as the 120+ days of the session ran its course. ([The success and failure of the Legislature's four new leaders - LV Sun](#))

This session saw the continuing impacts of term limits, as 7 freshman and 7 sophomore legislators chaired committees. Assembly Majority Leader William Horne termed out this session, as did Senator Barbara Cegavske and Assembly members Peggy Pierce and Tom Grady. It is possible Speaker Kirkpatrick, Senator Denis, Senator Roberson and Assemblyman Hickey could all return to their leadership posts in 2015. Assuming incumbents win elections, the next major turnover will happen in 2021 when more than a third of the current legislators will face their own term limits.

### THE BUDGET

Governor Sandoval recommended a general fund budget of approximately \$6.6 billion (up some \$380 million from last biennium), and largely saw it passed by the legislature. He included the Medicaid expansion envisioned by the federal Affordable Care Act (ACA), as well as some modest increases to K-12 education funding. State employees ultimately saw the 2.5% pay cut they have been living with restored, but will continue to take 6 furlough days a year to help balance the budget. ([Nevada Legislature approves bills to fund state government | LV Review-Journal](#))

Full day kindergarten will be expanded to a total of 201 schools with \$40 million in new funding, and \$50 million was added to fund English Language Learning programs. Average per pupil funding will increase some \$300 over the biennium to \$5,676. While the Governor trumpeted these increases, Democratic leaders said they wanted at least \$300 million in additional funding to meet the needs of Nevada's students. Despite setting these new revenue goals early, Democratic plans to raise the necessary taxes were thwarted by the Session's end.

One of the more contentious battles over education funding was also over one of the smallest budget items. The Governor included \$2 million in his budget to hire 50 Teach for America teachers and place them in high risk schools in Clark County. This alternative teacher training program was opposed by the Teachers' Union, and was entombed in the Assembly. Sandoval ultimately moved the \$2 million into the Kenny Guinn Millennium Scholarship program in a bill passed during the brief special session.

Medicaid expansion under the ACA will initially be funded by the federal government, with a small percentage of the cost transferring to the states in future years. While the ability of the federal government and the states to pay the costs remains an open question, the Governor and legislators ultimately decided that the benefits outweighed the budgetary uncertainties. More Nevadans will benefit from access to health care, and providers will see some reimbursement for patients who were previously indigent. The issue of cost-shifting to health care providers and the private sector will be an issue because Medicaid rates do not cover the actual costs of care in many settings.

Expansion of traditional Medicaid recipients continues to grow as a result of unemployment and declining incomes. This expanded caseload is funded through the traditional state-federal partnership, meaning the State will pay just under 50% of the cost of these enrollees. (The projections show approximately 30,000 newly-eligible recipients for the upcoming biennium as compared to FY2012.)

Budget talks, particularly in regards to education and transportation funding, were tinged with sectionalism as southern Nevada lawmakers repeated a mantra that Clark County needed to get its fair share of tax dollars. Whether fully justified or not, there is a long-held perception that Southern Nevada taxes have been subsidizing rural counties, smaller school districts, northern university budgets and that transportation projects have been weighted too heavily towards Northern Nevada. In the end, some higher education funding was moved South, the State Transportation Board will see one member change, and additional funds were made available for K-12. (Fits and starts as Southern Nevada lawmakers try flexing their muscles - LV Sun)

(For historical perspective, the 2013-15 general fund budget is essentially equal to that approved by the 2009 Legislature for the 2009-2011 biennium.)

## TAXES

The Session started with high hopes and promises among Democratic leaders to roll out tax plans and have "discussions" early in the process to determine the new revenue targets and the tax plans needed to secure them. Perhaps chastened by the 2011 performance of the predecessors, Speaker Kirkpatrick and Senate Majority Leader Denis did not want to introduce tax plans late in the session that had not been vetted and would not attract any Republican votes. In the end the different Assembly and Senate tax plans came late, were not really complete, could not attract Republican votes and were seen as evidence of the split between the Democratically controlled houses.

Speaker Kirkpatrick made it clear early on she wanted to re-tool and expand the live entertainment tax. This was done partially at the behest of the gaming industry who wanted more clarity in how and when they should pay the levy; and partially it was the Speaker's desire to capture some of the large, tourist-centric special events like NASCAR and Burning Man. Her initial bill came out late, captured a mix of activities that sparked a firestorm, and became an exercise in trying to capture victory while in retreat. (While brutal, J. Patrick Coolican's LV Sun piece captured the bill's reception well- [Why Nevada Democrats' Fun Tax is the New Coke of politics - LV Sun](#).) A scaled back version of the bill was ultimately heard and died in the Assembly, unable to get the votes needed to reach the required 2/3rds majority.

The most interesting tax move of the session came from a group of Senate Republicans led by Minority Leader Michael Roberson. The group came out early in support of [SJR 15 from 2011](#) to remove the constitutional proscriptions on the taxation of mines, as well as introducing their own plan to tax mining and use it as an alternative to the Teacher's margins tax initiative. This group of Senators split with the Governor, and infuriated the mining industry who had supported many of their campaigns with industry contributions. In the end, SJR 15 passed both houses and will head to the voters in 2014, and the Republican mining tax bill was never heard. The legislature did pass a companion ballot question asking voters to enact a new mining excise tax regime to replace the system in place under the current constitutional language.

The Teachers' Margins Tax Initiative Petition 1 was not acted upon by the Legislature, and now goes to the 2014 ballot. Lawmakers had 45 days to pass or reject IP-1, and introduce a ballot alternative if they voted to reject. They chose to not take any action, thereby allowing the measure to go to the ballot with no legal alternative question placed before the voters. The failure to offer an alternative was widely seen as a win for the Teachers' union, who can now concentrate their campaign efforts on passing IP-1. The campaign essentially began in mid-June with an infusion of \$1 million into the campaign from the union and the announcement of a web site and other activities to attract voter support. This campaign is expected to be one of the most expensive in state history.

Three more focused tax measures were passed by the legislature, although with political concessions that made the measure more complicated than originally envisioned. A fuel tax increase for Clark County with a ballot question for the remaining counties, a sales tax increase for more Clark County Metro police officers, and a sales and property tax increase for Washoe county schools all passed during either the regular or special session. ([Legislature, Sandoval passed the buck on tax increases to counties - LV Sun](#))

The fuel tax indexing bill for Clark County would allow the County Commission to index increases to a portion of the current fuel taxes to take effect for three years (\$.03 per year for three years), and then ask voters in the 2016 election whether to continue the program. The tax would generate over \$700 million in construction funding for the cash-strapped Regional Transportation Commission of Southern

Nevada. The bill also calls for a statewide fuel indexing question to be out before voters in 2016 (excluding Washoe County, where fuel taxes are already being indexed).

Clark County Commissioners will also decide whether to implement an additional 0.15 percent sales tax for more police officers, an option available after passage of a 2004 ballot question. The law required the Legislature to grant the Commission authority to implement the tax.

And in a novel move, Washoe County Commissioners will be given the authority to vote for a quarter cent sales and five cent property tax increase to fund school repairs. The bill originally implemented the taxes (which exempted the \$.05/\$100 of assessed valuation property tax from the existing \$3.64 cap), but when the required 2/3rds majority and gubernatorial approval failed to materialize, the bill was changed to allow the County Commission to enact the taxes.

The Governor recommended, and lawmakers approved, another extension of the sunset taxes originally passed in 2009. The increases in business license fees, payroll and sales taxes will continue for at least the next biennium. The bill also increased the payroll tax exemption from \$250,000 per year to \$340,000 per year. This tax break will benefit a number of additional businesses, but came at a cost to the budget that Democratic lawmakers initially opposed.

The Legislature also passed a handful of tax incentive bills this session, including a film tax credit to try and lure more film and TV productions to the Silver State. Other bills will make a credit available for businesses that donated to research in technology programs at state colleges and universities, and allow insurance premium tax credits to be claimed for qualified investments in new businesses located in economically distressed areas.

#### GENERAL BUSINESS ISSUES

With Democratic control of the Legislature, and close allies of the trial lawyers in key positions, a number of bills that would have expanded liability or granted new or expanded remedies to plaintiffs were introduced. Notably three of such bills that were passed were vetoed by Governor Sandoval. AB 240 would have changed the standards on comparative negligence and joint and several liability, while AB 373 would have increased the percentage of a defendant's wages that would not be subject to garnishment. And SB 180 would have expanded the remedies for plaintiffs injured by unlawful employment practices beyond the current levels to include compensatory and punitive damages.

Republican legislators again entered the session with a list of reforms they wanted to see, with the unspoken assumption that their votes for a potential tax plan were in play in exchange for Democratic support of the reforms. Topping the list were reforms to the Public Employee Retirement System and Public Employees Benefits Program. Both of these programs have substantial unfunded liabilities that will be driving budget and tax discussions for many years to come. No real hearings or discussions on

reforms actually took place, and there was clearly no support among Democrats in dealing, particularly for the modest tax plans that were on the table.

Construction defects reform was also high on the list of Republican priorities, and there were actual hearings and negotiations until the final days of the session. Interestingly, the trial lawyers actually had some demands of their own this session, and a bill was introduced to ban the widespread practice of indemnity clauses in construction contracts. Ultimately the bill met the same fate as in sessions past, and nothing was passed by the Legislature.

Legislation to dramatically limit the use of independent contractors, and impose very high penalties on violations, was introduced again this session. A companion bill to create a task force to study the issue was also introduced. Similar bills introduced last session resulted in long and contentious hearings and feverish lobbying by both sides. This session, despite Democratic majorities, the bills were not even given a hearing.

As mentioned above, no general tax increases were passed, and the exemption from the Modified Business Tax was increased from the first \$250,000 of annual payroll to \$340,000. Employers will be hit with a special assessment on unemployment insurance to fund the repayment of federal loans taken out during the recession because of Nevada's high unemployment rate. The state will issue bonds to fund the repayment, and employers will pay the bond costs. This was seen as the least burdensome method of repaying the loans.

## HEALTHCARE

In addition to the budgetary impact of providing healthcare to state employees and retirees, the Medicaid population, prisoners and the mentally ill, lawmakers dealt with a variety of policy issues again this session. The longer term impacts of the ACA, access to healthcare and who exactly should pay the costs remain a simmering issue for lawmakers, who often struggle to balance the competing desire to expand access with the inability to understand the true costs and unintended consequences.

Access to care was the key argument behind a number of proposals this session, including a successful effort to expand the use of telemedicine. SB 327 allows physicians and advanced practice nurses located outside of Nevada to be licensed here and perform their legally allowed services, including the prescribing of medications. The Board of Pharmacy is required to approve otherwise eligible practitioners who reside outside of Nevada and who will be prescribing remotely.

Advanced practice nurses were successful in changing the terms under which they operate. Under current law, an APN must have a collaborative agreement with a physician to practice independently. That requirement has been removed, and APNs will have the ability to practice to the full extent of the law and their training. APNs will need 2 years or 2,000 hours of training to be able to prescribe controlled substances, or will need to be under a collaborative agreement with a physician. (New law



lets nurse practitioners get more involved- LV Review-Journal) The bill was strongly opposed by the Nevada State Medical Association and its member physicians.

The expansion of Medicaid and the emergence of the Silver State Health Exchange, both under the ACA, will greatly expand the pool of Nevadans eligible for healthcare coverage, and therefore looking for access to primary and other care. The Legislature made various changes to the Health Exchange laws to enable implementation later this year, and a unique entity has been formed to take advantage of the ACA. The Health Services Coalition, a group of union and large-employer groups led by the Culinary Union, has created a co-op to both take advantage of federal subsidies for its members and to offer insurance on the broader market. They have a non-profit status yet will be competing directly with other insurers, possibly in both the small business and individual markets.

The Coalition and the Culinary Union were front and center with a group of lawmakers trying to mandate hospital rate setting in the state Constitution. AJR 9 would have asked to voters to place caps on emergency room charges for patients who went to an out-of-network hospital. Under current law insurers regulated by the State must provide network pricing for necessary emergency care delivered at non-network hospitals, and all uninsured patients have a right to a statutorily mandated discount on charges. This bill would have applied to people insured by plans exempt from state regulation. This would allow such plans to continue to refuse to offer an appropriate non-network benefit to their members, while demanding a subsidized rate rather than either covering the charges or negotiating a contract with the hospitals their members choose to use.

Medicaid reimbursement rates for providers of healthcare were again an issue this session. The rates for hospitals remained largely unchanged, and there were targeted rate increases for physicians. While these rates are an immediate concern for providers, they have an important impact on the larger health insurance and patient universe. Because Medicaid pays below market rates for many services, particularly hospital care, the rates for other patients must be adjusted to reflect this loss. That results in increased insurance rates for employers, and can jeopardize the provision of some kinds of care from both individual doctors and hospitals who may be forced to close some units due to the cost shifting. And on a related note, a bill requiring Medicaid patients to pay small co-pay for their treatment did not pass.

Lawmakers passed a bill capping the out of pocket costs for certain oral chemotherapy agents. The bill limits the costs to \$100, and puts oral chemotherapy medication on a similar cost footing as traditional IV chemotherapy for patients. The sponsor, Senator Denis, did agree to exempt public employer union health plans, which will see the new benefit denied to groups including some fire fighters, police officers and Clark County School District teachers. The bill takes effect January 1, 2015. (Bill capping costs for cancer treatment pills headed to governor - LV Sun)

There were some unsuccessful efforts to erode Nevada's voter-passed medical malpractice caps, as well as efforts to expand liability for breaches of patient data confidentiality. Federal law already provides

considerable penalties, and the Legislature wisely decided not to expand another private right of action in this area. Likewise, an effort to expand causes of action against drug manufacturers and persons who prescribe pain medications to patients who later claim an addiction was also rejected. A variety of other measures that would have raised costs while delivering no apparent increase in access to or quality of care for patients also failed to win passage.

#### OTHER ISSUES

The Progressive members of the Legislature advanced a number of bills, and some notable legislation was passed with Republican support of some of the measures. More than a decade after voters approved medical marijuana in Nevada, it will now be legal to operate a dispensary for patients authorized to use marijuana. The number of dispensaries will be limited and a tax is imposed on the sales made at the dispensaries.

Lawmakers also voted to place before voters a question seeking to repeal the prohibition against same-sex marriage voters placed in the Constitution, replacing it with language requiring state and local governments to issue licenses to same sex couples and to recognize same sex marriages. SJR 13 will need to pass the 2015 Legislature and then go before voters in 2016.

Gun violence, the mentally ill and what to do about the issue took center stage this session with a comprehensive gun control bill introduced by Senator Jones. The bill would have strengthened reporting and tracking of mentally ill patients who posed a threat of violence, limited their access to guns, and broadened the application of background checks for the purchase or transfer of firearms. The bill was extremely controversial, particularly in regards to background checks. Mayor Michael Bloomberg's group Mayors Against Illegal Guns was extremely active here, with advertising, canvassing of neighborhoods and testimony from victims of the Newtown, CT and other shootings.

The bill was ultimately passed with no Republican votes, and vetoed by the Governor. His concerns mirrored those of the bill's opponents that the extension of background checks (and the harsh penalties for violations) to private sales and transfers, including among family members, was an undue burden and violated the constitutional rights of Nevadans. The Mayors group has threatened to target specific legislators and spend six to seven figures in Nevada in the next cycle. Look for this vote to be a significant campaign issue in 2014.

NV Energy introduced sweeping legislation to help it pay for decommissioning coal-fired power plants and expand the use of renewable fuels. The original bill would have greatly curtailed the oversight of the Public Utilities Commission, a provision that was amended after a major push by the gaming industry and a coalition of other rate payers. The bill will shift some of the capital costs historically paid by shareholders to the general ratepayers. (NV Energy bill wins passage, signaling state's shift from coal - LV Sun)

Lawmakers also passed a bill to allow undocumented immigrants to obtain a driver's privilege card. The bill was pushed by lawmakers and the administration as a public safety and equity measure- requiring all drivers to have a DMV-issued card will also increase compliance with Nevada's mandatory liability insurance law.

Organized labor also took full advantage of Democratic control to advance a variety of pro-labor bills that would benefit members, advantage union business interests and/or make it harder for non-union contractors to compete for public works. Two of these bills also raised concerns with the Governor and met with his vetoes. AB 218 would have expanded the application of higher fringe benefit calculations to non-public works payrolls, while SB 185 would have removed an exemption from State Public Works requirements enjoyed by the Nevada System of Higher Education. The bill contained an important bonding measure for the construction of new NSHE facilities, but the System eventually asked for the veto of its own bill because of the Public Works language added in during the conference committee process.

AB 283 extends the use of the construction manager at risk (CMAR) program through 2017, but will make it harder for some smaller, often non-union, firms to qualify as a CMAR general contractor. The original version of the bill would have also made it very difficult for government entities to evaluate proposals for CMAR projects, and required a panel composition that would likely have limited membership to representatives of construction unions rather than agency experts. The more limited version of the bill was signed by the Governor. Other bills also limit the use of out-of-state workers on public works projects and require minimum percentages of materials be from Nevada suppliers.

#### SPECIAL SESSION

When lawmakers failed to meet their 120 day time limit, Governor Sandoval called them into a brief special session the morning of June 3. Lawmakers were given 5 bills that failed to pass the night before. These included the sales tax bill for more Clark County police officers, an Administration economic development bill and three bills dealing with education (including the Millennium Scholarship funding). While the failure to finish the regular session on time is seen as a bit of a failure for legislative leadership, they were able to complete the special session quickly and go home. (Legislators run out of time, opening door for special session - LV Sun)

Governor Sandoval vetoed a total of 17 bills this session, down from 28 vetoes in 2011.

## TRACKED LEGISLATION: BILL TRACKING LOG

The complete list of bills that were tracked for you throughout the duration of the 120-day legislative session is below. The bills in **bold type** denote that they were priority legislation.

### Enacted

Bill Number	Topic	Summary	Sponsor	Current Location
<u>AB16</u> (R1)	State Administrative Manual	Provides for the compilation and publication of the State Administrative Manual. (BDR 18-212)	Assembly Government Affairs (for AG)	Signed by Governor
<u>AB39</u> (R1)	Ephedrine and pseudoephedrine sales	Provides restrictions on the retail sale of certain products that are ephedrine and pseudoephedrine based. (BDR 54-218)	Assembly Commerce (for AG)	Signed by Governor
<u>AB95</u> (R4)	Prescription labels	Revises provisions governing prescription labels. (BDR 54-648)	Asm. Spiegel	Signed by Governor
<u>AB155</u> (R1)	Child abuse or neglect reports	Revises provisions governing reports of the abuse or neglect of a child. (BDR 38-610)	Asm. Eisen, et al.	Signed by Governor
<u>AB179</u> (R1)	Regulatory board audits	Revises provisions governing audits of certain regulatory boards of this State. (BDR 17-770)	Asm. Oscarson, et al.	Signed by Governor
<u>AB228</u> (R1 Exempt)	Voluntary health care service	Authorizes certain providers of health care to provide voluntary health care service in this State in association with certain organizations. (BDR 54-245)	Asm. Grady, et al.	Signed by Governor
<u>AB252</u> (R1)	Administrative Procedure Act	Makes various changes to the Nevada Administrative Procedure Act. (BDR 18-539)	Asm. Hansen	Signed by Governor
<u>AB362</u> (Exempt)	HIV/AIDS Drug Donation Program	Provides for the establishment of the HIV/AIDS Drug Donation Program. (BDR 40-757)	Asm. Stewart	Signed by Governor
<u>AB383</u> (R1)	Sunset Subcommittee	Revises provisions governing the Sunset Subcommittee of the Legislative Commission. (BDR 18-160)	Asm. Bustamante Adams	Signed by Governor
<u>AB408</u> (R1 Exempt)	Business impact statements	Revises provisions governing business impact statements prepared by state agencies and governing bodies of local governments. (BDR 18-416)	Asm. Neal	Signed by Governor
<u>AB445</u> (R1)	Public bodies	Revises provisions relating to public bodies. (BDR 19-1121)	Assembly Government Affairs	Signed by Governor
<b><u>AB456</u></b> <b>(R2)</b>	<b>Health care professionals, advertisements</b>	<b>Revises provisions governing health care. (BDR 54-1102)</b>	<b>Assembly Health &amp; Human Services</b>	<b>Signed by Governor</b>
<u>SB81</u>	Cancer Drug Donation Program	Allows certain physicians to dispense cancer drugs donated for use in the Cancer Drug Donation Program. (BDR 40-500)	Senate Health & Human Services (for Legis Comm on Health Care)	Signed by Governor

<b>SB189</b>	Assault & battery, health care providers	Revises provisions governing assault and battery. (BDR 15-917)	Sen. Jones (By Request)	Signed by Governor
<b>SB199 (R2)</b>	Medical procedures without license, felony	Makes it a felony to perform certain medical procedures without a license. (BDR 15-504)	Senate Judiciary (for Legis Comm on Health Care)	Signed by Governor
<b>SB220 (R3)</b>	Professional licensing boards, health-related	Makes various changes relating to certain professional licensing boards. (BDR 54-502)	Senate Commerce (for Legis Comm on Health Care)	Signed by Governor
<b>SB228 (R3)</b>	Public servants, ethics in government	Revises provisions relating to public servants. (BDR 23-445)	Sen. Parks (by request)	Signed by Governor
<b>SB236 (R2)</b>	State agencies, Internet forms	Revises provisions governing state agencies. (BDR 19-769)	Sen. Spearman	Signed by Governor
<b>SB327 (R4)</b>	<b>Health care professions</b>	<b>Revises provisions relating to health care professions. (BDR 54-772)</b>	<b>Sen. Jones</b>	<b>Signed by Governor</b>
<b>SB364 (R3)</b>	Governmental administration	Revises provisions governing governmental administration. (BDR 19-185)	Sen. Atkinson	Signed by Governor
<b>SB374 (R3 Exempt)</b>	Medical marijuana	Provides for the registration of medical marijuana establishments authorized to cultivate or dispense marijuana or manufacture edible marijuana products or marijuana-infused products for sale to persons authorized to engage in the medical use of marijuana. (BDR 15-89)	Sen. Segerblom	Signed by Governor
<b>SB410 (R3)</b>	Hypodermic devices	Revises provisions governing hypodermic devices. (BDR 40-451)	Sen. Parks	Signed by Governor
<b>SB453 (R1)</b>	<b>Auto-injectable epinephrine, schools</b>	<b>Provides for schools to obtain and administer auto-injectable epinephrine. (BDR 40-1195)</b>	<b>Senate Health &amp; Human Services</b>	<b>Signed by Governor</b>

## Governor

Bill Number	Topic	Summary	Sponsor	Current Location
<b>AB150 (R2 Exempt)</b>	Governmental Oversight & Accountability Committee	Creates the Legislative Committee on Governmental Oversight and Accountability. (BDR 17-739)	Asm. Daly	Vetoed - Return in 2015 Session

## BDR

Bill Number	Topic	Summary	Sponsor	Current Location
BDR46	Medical use of marijuana	Revises provisions relating to the medical use of marijuana.	Assembly Judiciary	Not introduced during session
BDR157	Prescription drug program	Makes various changes concerning the prescription drug program.	Asm. Mastroluca	Not introduced during session
BDR227	Ephedrine, pseudoephedrine and phenylpropanolamine sales	Requires pharmacies to maintain electronic records of sales of nonprescription ephedrine, pseudoephedrine and phenylpropanolamine.	Asm. Carrillo	Not introduced during session
BDR228	Medical marijuana	Revises provisions governing the dispensing of marijuana used for medical purposes.	Asm. Brooks	Not introduced during session

BDR513	Epinephrine use in schools	Authorizes schools and institutions of higher education to obtain and administer epinephrine.	Legis Comm on Health Care	Not introduced during session
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### No Further Consideration

Bill Number	Topic	Summary	Sponsor	Current Location
<u>AB139</u> (R2 Exempt)	State business portal	Revises provisions relating to the state business portal. (BDR 7-127)	Asm. Daly	Failed to pass by Day 120
<u>AB169</u> (R1 Exempt)	Contracts with a governmental entity	Revises provisions relating to contracts with a governmental entity. (BDR 27-793)	Asm. Neal, et al.	Failed to pass by Day 120
<u>AB251</u> (R1)	Contact information, public body members	Requires a public body to make available to the public certain contact information for its members. (BDR 19-159)	Asm. Hansen	Failed second house committee passage deadline
<u>AB349</u> (R2)	Professionals licensed in another state	Revises provisions governing professions. (BDR 54-420)	Asm. Bustamante Adams	Failed to pass by Day 120
<u>AB433</u>	Health care professionals, advertisements	Requires certain health care practitioners to communicate certain information to the public. (BDR 54-1098)	Assembly Commerce	Failed first house committee passage deadline
<u>AB489</u> (Exempt)	Convenience fees, state agencies	Revises provisions governing the fees charged by state agencies for accepting payments by credit cards, debit cards and electronic transfers. (BDR 31-779)	Assembly Ways & Means	Failed to pass by Day 120
<u>SB75</u>	Prescription drug addiction, cause of action	Establishes a cause of action for persons who become addicted to a prescription drug. (BDR 3-98)	Sen. Segerblom	Failed first house committee passage deadline
<u>SB126</u>	Pharmacists, therapeutically equivalent drug	Establishes provisions governing certain acts of pharmacists. (BDR 54-101)	Sen. Atkinson	Failed first house committee passage deadline
<u>SB219</u>	Professional licensing boards, health-related	Makes various changes relating to certain professional licensing boards. (BDR 54-503)	Senate Commerce (for Legis Comm on Health Care)	Failed first house committee passage deadline
<u>SB324</u> (R1)	Professionals licensed in another state	Revises provisions governing professions. (BDR 54-701)	Sen. Hardy	Failed second house committee passage deadline
<u>SB369</u>	Telemedicine	<b>Revises provisions relating to telemedicine. (BDR 54-972)</b>	<b>Sen. Kieckhefer</b>	<b>Failed first house committee passage deadline</b>
<u>SB370</u> (R1 Exempt)	Administrative regulations	Makes various changes regarding administrative regulations. (BDR 18-194)	Sen. Kieckhefer	Failed to pass by Day 120
<u>SB408</u> (Exempt)	Contracts to privatize governmental service	Revises provisions governing state financial administration. (BDR 31-828)	Sen. Smith	Failed to pass by Day 120

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## 2014 BOARD MEETING DATES

January 22 & 23, 2014	Las Vegas
March 5 & 6, 2014	Reno
April 16 & 17, 2014	Las Vegas
June 11 & 12, 2014	Reno
July 23 & 24, 2014	Las Vegas
September 3 & 4, 2014	Reno
October 15 & 16, 2014	Las Vegas
December 3 & 4, 2014	Reno

Calendar for 2014					
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
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12 13 14 15 16 17 18	9 10 11 12 13 14 15	9 10 11 12 13 14 15	13 14 15 16 17 18 19	11 12 13 14 15 16 17	15 16 17 18 19 20 21
19 20 21 22 23 24 25	16 17 18 19 20 21 22	16 17 18 19 20 21 22	20 21 22 23 24 25 26	18 19 20 21 22 23 24	22 23 24 25 26 27 28
26 27 28 29 30 31	23 24 25 26 27 28	23 24 25 26 27 28 29	27 28 29 30	25 26 27 28 29 30 31	29 30
		30 31			
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
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13 14 15 16 17 18 19	10 11 12 13 14 15 16	14 15 16 17 18 19 20	12 13 14 15 16 17 18	9 10 11 12 13 14 15	14 15 16 17 18 19 20
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27 28 29 30 31	24 25 26 27 28 29 30	28 29 30	26 27 28 29 30 31	23 24 25 26 27 28 29	28 29 30 31
	31			30	

## ANNUAL MEETINGS

APhA Annual Meeting	March 28-31, 2014	Orlando, FL
NABP Annual Meeting	May 17-20, 2014	Phoenix, AZ
NABP District 8 Meeting	October, 2014 ?	?
NACDS Annual Meeting	April 26-29, 2014	Phoenix, AZ
ASHP Summer Meeting	May 31-June 4, 2014	Las Vegas, NV
Mid Year Meeting	December 7-11, 2014	Anaheim, CA
NASCSA Annual Meeting	October 21-24, 2014	Savanna, GA

## STATE HOLIDAYS

New Years Day	January 1, 2014
Martin Luther King's Birthday	January 20, 2014
President's Birthday	February 17, 2014
Memorial Day	May 26, 2014
Independence Day	July 4, 2014
Labor Day	September 1, 2014
Nevada Day	October 31, 2014
Veteran's Day	November 11, 2014
Thanksgiving	November 27 & 28, 2014
Christmas	December 25, 2014



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without prejudice, however, to the motion's renewal. [In re: new England Compounding Pharmacy, Inc. Products Liability Litigation, MDL No. 1:13-md-2419-FDS, D. Mass., 2013 U.S. Dist. LEXIS 76739, May 31, 2013, corrected June 12, 2013]

## CONTROLLED SUBSTANCES

### Oklahoma bans refills of hydrocodone products, but leaves hydrocodone combinations in Schedule III

Quarles & Brady reported on May 31 that Oklahoma Governor Fallin has signed into law HB 1783, which prohibits refills of hydrocodone products effective November 1, 2013, by both in-state and non-resident pharmacies. Contrary to other states, such as New York, Oklahoma chose to only limit refills, but not to reschedule hydrocodone combinations as Schedule II substances. According to the report, this was done to allow midlevel practitioners to continue to prescribe these drugs, and to continue to allow telephoned prescriptions, as well as minimizing the impact on pharmacies that rescheduling would entail. [Morris RN, Davis LE, O'Boye SF. Oklahoma bans hydrocodone refills. Quarles & Brady LLP Publications, 2013 May; <http://bit.ly/1bTd11j>]

### Walgreens settles DEA complaints with \$80 million in civil penalties, 6 Florida stores and distribution center barred from distributing controlled substances for 2 years

The DEA announced on June 11 that Walgreen Co. has agreed to settle with DEA regarding charges arising in part from DEA investigations of several pharmacy chains in Florida. The DEA characterized the settlement as the "largest in DEA history." The allegations in the Florida investigation included failure to report suspicious orders on the part of the Jupiter Distribution Center that "allowed Walgreens' retail pharmacies to order and receive at least three times the Florida average for drugs such as oxycodone." It appears that a major thrust of the allegations, however, dealt with a purported failure of Walgreens pharmacies to "properly identify and mark ... hardcopy controlled substance prescriptions that were outsourced to a 'central fill' pharmacy for filling. Without Walgreens' retail pharmacies identifying these outsourced prescriptions," the DEA noted, it "could not accurately determine which prescriptions were filled from the retail pharmacies' own drug supplies and which prescriptions were filled by a 'central fill.' ... The DEA's administrative actions demonstrated millions of violations of this type."

As part of the settlement, Walgreens agreed to create a Department of Pharmaceutical Integrity to ensure compliance, to enhance its training and compliance programs, and to "no longer monetarily or otherwise compensate its pharmacists based on the volume of prescriptions filled."

Walgreens published a statement on June 11 from Kermit Crawford, president of pharmacy, health and wellness, which read, in part:

"As the largest pharmacy chain in the U.S., we are fully committed to doing our part to prevent prescription drug abuse. We also will continue to advocate for solutions that involve all parties - including leaders in the community, physicians, pharmacies, distributors and

regulators - to play a role in finding practical solutions that combat the abuse of controlled substances and ensure patient access to critical medications.

"As part of the agreement with DEA and our continuing desire to work with DEA to combat prescription drug abuse, we have identified specific compliance measures - many of which Walgreens has already taken - to enhance our ordering processes and inventory systems, to provide our team members with the tools, training and support they need to ensure the appropriate dispensing of controlled substances and to improve collaboration across the industry."

[DEA. Walgreens agrees to pay a record settlement of \$80 million for civil penalties under the Controlled Substances Act. Miami News 2013 Jun 11; <http://bit.ly/14hIkjQ>; Walgreens News Room. Walgreen issues statement concerning DEA agreement. 2013 Jun 11; <http://bit.ly/16HjNXz>]

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## DISCIPLINE

**Ohio Appeals Court rejects trial court's finding that the "gross immorality" standard in Ohio pharmacy statutes is impermissibly vague**

The Ohio Board of Pharmacy indefinitely suspended the appellant's license to practice pharmacy, and issued a fine, following its determination that he committed "gross immorality" when he impermissibly unbuttoned the blouse of a pharmacy employee and fondled her breasts. After a series of appeals in the court of common pleas, the court rejected a final ruling by the board holding in major part that the Board had failed to provide a guideline as to what constituted gross immorality.

On appeal by the Board, the Court found that under the statute and commonly accepted definitions of its terms, "a person is guilty of gross immorality ... when his conduct goes flagrantly beyond accepted standards of what is right or just in behavior or is unmitigated in any way." It declined to remand to the lower court because "in this case, a remand ... is not necessary because we find that [appellant's] conduct satisfies the definition as a matter of law. Undoubtedly, unbuttoning the shirt of a co-worker, reaching inside her garment, and fondling her under her bra without permission for approximately one minute during work hours goes flagrantly beyond accepted standards of what is right or just in behavior." It affirmed the Board's finding of gross immorality, and remanded for proceedings to deal with other issues. [Denuit v. Ohio State Board of Pharmacy, Nos. 11CA11, 11CA12, Ohio App. 4<sup>th</sup> Dist., 2013 Ohio 2484; 2013 Ohio App. LEXIS 2446, June 13, 2013]

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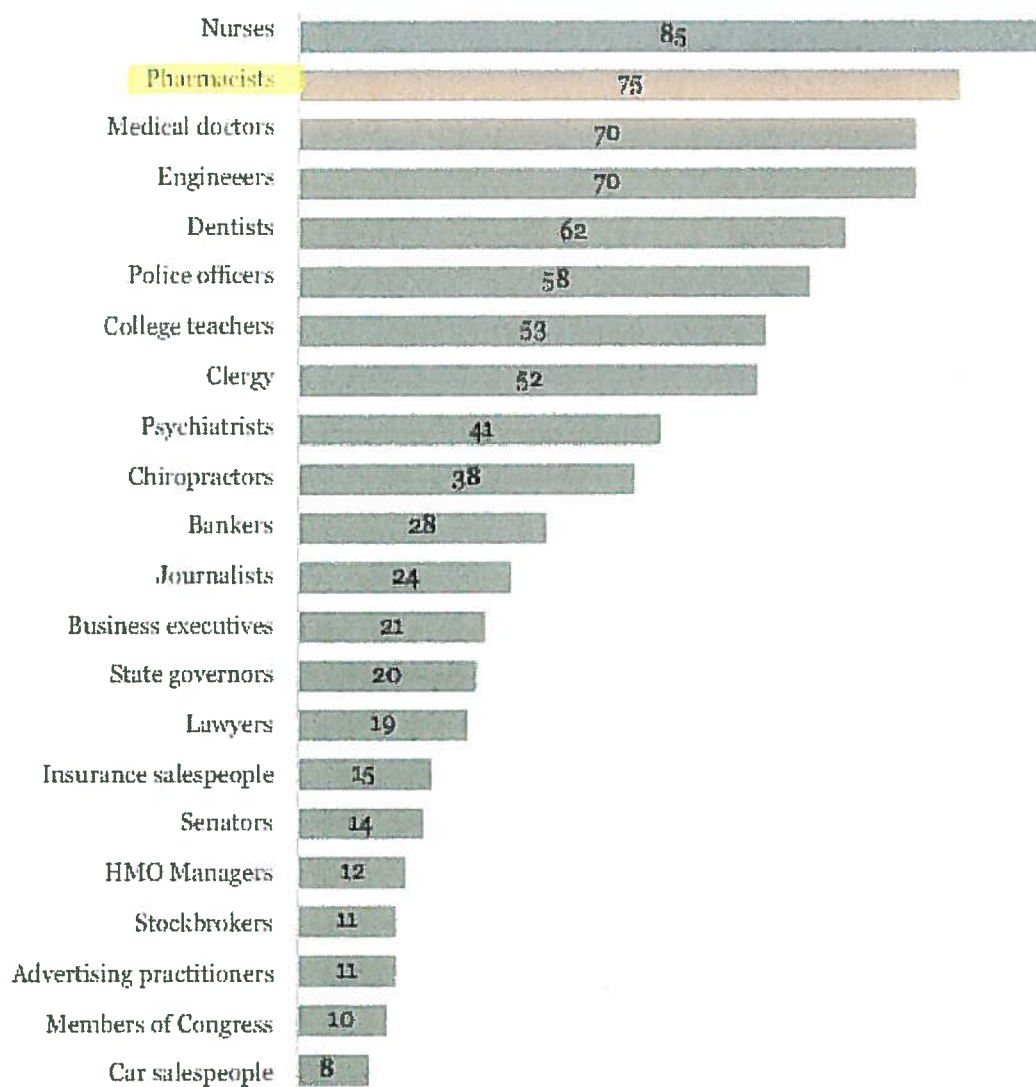
## EMERGENCY CONTRACEPTION

## Honesty/Ethics in Professions

*Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low or very low?*

Nov. 26-29, 2012

■ % Very high/High



GALLUP

*Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low, or very low? First, ... Next, ... [RANDOM ORDER]*

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# Nevada State Board of Pharmacy

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## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### JUNE 12 & 13, 2013 BOARD MEETING HELD IN LAS RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the June, 2013 Board meeting.

#### Licensing Activity:

- 10 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 17 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state. 1 application was tabled for further information.
- 23 licenses were granted for Out-of-State wholesalers.
- 5 applications were approved for Nevada pharmacies pending inspection.
- 1 license was granted for a Nevada Wholesaler.
- 1 application for a Dispensing Practitioner Registration was granted after assurance of an understanding of the requirements by the applicant.
- 1 application for a Controlled Substances Registration was granted after review by the Board with the applicant.
- 1 registration for a pharmaceutical technician was tabled until a drug use evaluation can be satisfactorily completed.

#### Disciplinary Action:

- Pharmacist EE was ordered on probation for 12 months plus payment of fees and costs of his investigation and hearing for misfilling two prescriptions for the same patient on the same day.
- Pharmacist CB was fined \$1750 and pharmacy HP was put on probation for 12 months for filling a mirtazapine prescription with temazepam; failing to counsel and poor record keeping.
- Pharmaceutical technician CO voluntarily surrendered her license after being caught stealing Seroquel for her own personal use.
- Pharmaceutical technician CA was revoked for diverting controlled substances in large quantities.

### **Other Activity:**

- The usual Board business reports were given, including recent and future speaking engagements.
- An appearance by Josh Bolin from NABP was made to update the Board on NABP's efforts on a national level to address the compounding pharmacy issue and to address progress with our PMP.
- The Board approved the recommendation of the CE Committee for a diabetes CE program.
- Discussions were held on law CE requirements for dispensing technicians; I.D. requirements on controlled substances prescriptions; and data sheets.
- The annual personnel review was conducted.

### **Workshop:**

- **Amendment of Nevada Administrative Code 639.710**  
Expands the ability to have prescription medications delivered from a pharmacy to a patient.
- **Amendment of Nevada Administrative Code 453.510**  
Add certain synthetic cannabis or "spice drugs" to Schedule I.
- **Amendment of Nevada Administrative Code 639.050**  
Amends the rule that presently requires an agent of the Board to be present when wasting certain controlled substances. Amendment will allow facilities to waste controlled substances without an agent of the Board present.

### **Public Hearing:**

- **Amendment of Nevada Administrative Code 639.753**  
Declination of Pharmacist to Fill Prescription: Defines the conditions for a pharmacist to decline to fill a prescription.