



Nevada State Board of Pharmacy

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

September 28, 2015

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, October 14, 2015 at 9:00 am. The meeting will continue, if necessary, on Thursday, October 15, 2015 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

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 September 2, 2015, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Aspcares – Miami, FL
 - B. Credena Health LLC – Portland, OR
 - C. Homescrpts.com, LLC – Troy, MI
 - D. Manhattan's Pharmacy – Jupiter, FL
 - E. Reliable Pharmacy – Marco Island, FL
 - F. US Specialty Care, LLC – Lakeland, FL

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

- G. All Scripts Pharmacy – Kissimmee, FL
- H. Astro Pharmacy – Glendale, CA
- I. Carrollton Prescription Shop – Haleyville, AL
- J. Hopkinton Drug, Inc. – Hopkinton, MA
- K. Florida Pharmacy Solutions, Inc. – Zephyr Hills, FL
- L. Jay Pharmacy of Jay, Florida Inc. – Jay, FL
- M. Ladd Family Pharmacy, LLC – Boise, ID
- N. PerformSpecialty, LLC – Orlando, FL
- O. Rx Unlimited – Beverly Hills, CA
- P. Vital Med Rx – Morristown, TN
- Q. Westwood Pharmacy Clinical Services – Richmond, VA

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

- R. Adamis Pharmaceuticals Corporation – San Diego, CA
- S. Dsquared Pharmaceuticals Inc. – Phoenix, AZ
- T. Eagle Pharmacy, Inc. – Birmingham, AL
- U. Egalet US Inc. – Wayne, IN
- V. Haemonetics Corporation – Draper, UT
- W. Letco Medical, LLC – Decatur, IL
- X. McKesson Medical-Surgical Inc. Jacksonville, FL
- Y. Med-Pro Distributors, LLC – Charlotte, NC
- Z. Merrimack Pharmaceuticals, Inc. – Cambridge, MA

- AA. NuCare Pharmaceuticals, Inc. – Orange, CA
- BB. Pharmacyclics LLS – Sunnyvale, CA
- CC. QuVA Pharma, Inc. – Sugar Land, TX
- DD. Recro Gainesville LLC – Gainesville, FL
- EE. Specialty Pharmaceutical Services 1 – La Verge, TN
- FF. Specialty Pharmaceutical Services 2 – La Verge, TN

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

- GG. Breg, Inc. – Grand Prairie, TX
- HH. Infinity Medical – Lincoln, NE
- II. Mayo Clinic Stores Siebens – Rochester, MN
- JJ. Nationwide Home Medical Supply, Inc. – San Diego, CA
- KK. Premier Home Medical Supplies – Tarpan Springs, FL
- LL. Ulthera, Inc. – Mesa, AZ
- MM. United States Medical Supply, Inc. – Miami, FL
- NN. US Med, LLC – Miami, FL
- OO. YNC Enterprise, Inc. – Newport Beach, CA

Applications for Nevada MDEG – Non Appearance for Possible Action:

- PP. Care Chest of the Sierra Nevada – Reno
- QQ. Orthopedic Motion Inc. – Las Vegas
- RR. Prosthetic Center of Excellence, Inc. – Las Vegas

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- SS. ACRx Specialty Pharmacy – Las Vegas
- TT. Nevada Surgical Suites – Las Vegas
- UU. Refill Pharmacy, LLC – Las Vegas
- VV. Ridley's Pharmacy #1135 – Winnemucca
- WW. Silver Stage Pharmacy – Silver Springs
- XX. The LV Surgery Center LLC – 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. VetSource Home Delivery | (15-042-PH-O) |
| B. Hitesh Amin, R.Ph | (15-035-RPH-S) |
| C. Sav-on Pharmacy #6093 | (15-035-PH-S) |
| D. Douglas Cammann, R.Ph | (15-049-RPH-S) |
| E. AnazaoHealth Corporation | (15-049-PH-S) |
| F. Shanelle Gayles, PT | (15-050-PT-S) |
| G. Linchi Li, R.Ph | (15-022-RPH-A-S) |

H. Eric Van Mater, R.Ph (15-022-RPH-B-S)
I. Von's Pharmacy #2615 (15-022-PH-S)

5. Application for Out-of-State Wholesaler – Appearance for Possible Action:

Alexso Inc. – Los Angeles, CA

6. Application for Renewal of Pharmacist License – Appearance for Possible Action:

David Moll

7. Application for Pharmacist License by Reciprocity – Appearance for Possible Action:

Cory H. McGuinn-Parks

8. Application for Physician Assistant to Dispense – Appearance for Possible Action:

Heather L. Rohrer, PA

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

Sioyenne Sims

10. Request for Reconsideration of Board Order – Appearance for Possible Action

Flotsol, Inc. (13-046-MP-S)

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

- A. Apnea Medical Services – Las Vegas
- B. HST, LLC – Henderson
- C. U.S. Homecare – Las Vegas

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

- A. Consonous Pharmacy Services, LLC – Las Vegas
- B. Craig Rd. Pharmacy – North Las Vegas
- C. Precision Specialty Pharmacy – Las Vegas
- D. TruCare Pharmacy – Las Vegas

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

Premier Pharmacy Labs, Inc. – Brookville, FL

14. Request for Reduction of Surety Bond - Non Appearance for Possible Action:
Apotheca, Inc.
15. Continuing Education Committee for Possible Action:
 - A. Update in Diagnosis and Management of Primary Immunodeficiency
 - B. Diabetes-Alzheimer's Management: Geriatric Interprofessional Simulation
16. General Counsel Report for Possible Action
17. Executive Secretary Report for Possible Action:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 1. Meetings with Hospitals, Hospital Associations & Health Care Board Exec.
 2. Speaking Engagements:
 - a. NABP Executive Officer Forum
 - b. NVSHP
 - c. Dental Group
 3. Compliance Officer Forum
 4. Compliance Office Sterile Compounding Training - NABP
 - D. Reports to Board
 1. Collaborative Efforts:
 - a. BOME; NSBVM; NSNB; DEA
 2. Update: District Meeting
 3. Grants
 - E. Board Related News
 1. DEA 10th Drug Take-Back Day
 - F. Activities Report

◆ WORKSHOP for Possible Action ◆

Thursday, October 15, 2015 – 9:00 am

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

New Language to be added to NAC Chapter 639, pursuant to the Good Samaritan Drug Overdose Act, SB 459 (2015), establishing educational requirements and standardized procedures or protocols for the furnishing of opioid antagonists by pharmacists and other appropriate entities to persons at risk of experiencing an opioid-related overdose or to a family member, friend or other person in a position to assist persons at risk of experiencing an opioid-related drug overdose

◆◆◆ PUBLIC HEARING ◆◆◆

Thursday, October 15, 2015 – 9:00 am

19. Notice of Intent to Act Upon a Regulation for Possible Action:

1. **Amendment of Nevada Administrative Code 453.510 – Schedule I** The proposed amendment to NAC 453.510 will add newly identified synthetic drugs to the list of controlled substances listed on Schedule I, and provides for other matters properly related thereto.
2. **Amendment of Nevada Administrative Code (NAC) 639.620, NAC 639.6282, NAC 639.6305 – Third-Party Logistics Providers** The regulation amends the definition of third-party logistics providers (3PLs) to be consistent with the Federal Drug Quality and Security Act (DQSA). The amendment requires that a 3PL obtain a license as an authorized warehouse, rather than being licensed as a wholesaler as they have historically been licensed.
3. **Amendment of Nevada Administrative Code (NAC) 639.050 and NAC 639.498** The proposed amendment will update the regulations to comply with current federal regulations allowing pharmacies, manufacturers, wholesalers, hospital pharmacies, and retail pharmacies to take prescription drugs back based on the September 9, 2014, DEA guidelines. These entities must obtain registration as an authorized collector from the DEA.
4. **Amendment of Nevada Administrative Code (NAC) 639.609, NAC 639.610, NAC 639.615; 639.New Language** The proposed amendment will require an outsourcing facility to obtain a license as a manufacturer if the outsourcing facility is engaged in the compounding of sterile drugs. The proposed amendment will update the regulation to be consistent with federal Drug Quality and Security Act (DQSA).

20. Next Board Meeting:

December 2-3, 2015 – Reno

21. 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.

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

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

Elko County Courthouse – Elko
Washoe County Courthouse – Reno

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



Nevada State Board of Pharmacy

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

MINUTES

September 2, 2015

BOARD MEETING

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas

Board Members Present:

Leo Basch	Kevin Desmond	Tallie Pederson
Jason Penrod	Kirk Wentworth	

Board Members Absent:

Cheryl Blomstrom

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Joe Depczynski	Colleen Platt	Kristopher Mangosing	

President Basch called the meeting to order at 9:00 a.m.

1. Public Comment

There was no public comment.

2. Approval of July 22-23, 2015, Minutes

Board Action:

Motion: Jason Penrod moved to approve the Minutes as presented.

Second: Kevin Desmond

Action: Passed Unanimously

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

- A. Catamaran Home Delivery – Lisle, IL
- B. CVS Caremark – Phoenix, AZ
- C. CVS Caremark #1638 – Pittsburgh, PA
- D. DIVVYDOSE – Rock Island, IL
- E. MMS Solutions – Nashville, TN
- F. RxBiotech Pharmacy, LLC – Burbank, CA
- G. US MED, LLC – Miami, FL

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

- H. Accredo Health Group, Inc. – New Castle, DE
- I. Cedra Pharmacy, Inc. – Bronx, NY
- J. Davidson Discount Pharmacy, Inc. – Booneville, MS
- K. Mesa Pharmacy VII – Irvine, CA
- L. Park and King Pharmacy – Jacksonville, FL
- M. Pharmacy Link, Inc. – Birmingham, AL

Applications for Out-of-State Wholesaler – Non Appearance

- N. Blessings International – Broken Arrow, OK
- O. BTG International, Inc. – West Conshohocken, PA
- P. Carlsbad Technology, Inc. – Carlsbad, CA
- Q. Clinician's Choice Dental Products Inc. – Brookfield, CT
- R. Common Compounds, Inc. – Rogers, AR
- S. Derma Sciences Inc. – St Louis, MO
- T. Diamondback Drugs – Scottsdale, AZ
- U. Duchesnay USA, Inc. – Rosemont, PA
- V. Gulf Coast Pharmaceuticals Plus, LLC – Ocean Springs, MS
- W. HILCO – Plainville, MA
- X. Indivior Inc. – Richmond, VA
- Y. Intermed Distributors, Inc. – Dearborn, MI
- Z. Legacy Pharmaceutical Packaging LLC – Earth City, MO
- AA. Mayne Pharma – Greenville, NC
- BB. Mentor Texas L.P. – Coppell, TX
- CC. New Haven Pharmaceuticals, Inc. – North Haven, CT
- DD. Otonomy, Inc. – San Diego, CA
- EE. Portola Pharmaceuticals, Inc. – South San Francisco, CA
- FF. Safe Chain Solutions – Cambridge, MD
- GG. Sentyln Therapeutics, Inc. – Solana Beach, CA
- HH. TESARO, Inc. – Waltham, MA
- II. ZO Skin Health, Inc. – Irvine, CA

Applications for Out-of-State MDEG – Non Appearance

- JJ. About You Medical Supplies – Fort Pierce, FL
- KK. DME Tennessee LLC – Nashville, TN
- LL. Dynamic Medical Systems, LLC – Rancho Dominguez, CA
- MM. Harbor Medical Equipment, LLC – Austin, TX
- NN. Medstar Pharmacy LLC – Palmetto Bay, FL
- OO. SI-BONE, Inc. – San Jose, CA
- PP. Tri County Medical & Ostomy Supplies, Inc. – Johnson City, TN

Application for Nevada Manufacturer – Non Appearance

- QQ. Integrated Commercialization Solutions, Inc. – Reno

Application for Nevada Pharmacy – Non Appearance

- RR. K Mart Pharmacy #9819 – Henderson
- SS. WellCare Closed Door Pharmacy – Las Vegas

Board Action:

Motion: Kirk Wentworth moved to approve the Consent Agenda applications with the exception of Item 3.II. ZO Skin Health, Inc.

Second: Tallie Pederson

Action: Passed Unanimously

Mr. Pinson explained that ZO Skin Health, Inc. is an FDA approved manufacturer. Mr. Pinson stated that Board Staff typically licenses out-of-state manufacturers as wholesalers.

Board Action:

Motion: Kevin Desmond moved to approve ZO Skin Health, Inc.'s Application for Out-of-State Wholesaler License.

Second: Kirk Wentworth

Action: Passed Unanimously

4. Discipline

- A. Jamie Aguilar, PT (15-015-PT-N)

Jason Penrod recused from participation in this matter. Mr. Penrod's mother is employed at the physician's office that filed the complaint.

Kevin Desmond disclosed that he knows Mr. Aguilar from being a patron at Scolari's Pharmacy and from Mr. Aguilar's past employment at Renown Health. Mr. Desmond stated that he could participate in this matter fairly and without bias.

Jamie Aguilar, pharmaceutical technician, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards moved to have Exhibits 1 through 6 admitted. After allowing time for Mr. Aguilar to review the exhibits and state any objections, President Basch accepted the Exhibits into the record.

Mr. Edwards explained that in March 2015, Board Staff received a complaint from the physician's office that a prescription was dispensed without a valid prescription (Exhibit 1). He stated that in February 2015, Scolari's Pharmacy had faxed a refill request to the physician's office, but the request was denied because it had been too long since the patient's last exam (Exhibit 2). Mr. Edwards explained that Exhibit 3 is a statement from Mr. Aguilar describing the "fill and gone" and the events leading up to his filling and dispensing of a dangerous drug. Exhibit 4 is letter from Lon Hettich, pharmacy manager, describing a complaint from the physician's office to the pharmacy as well as an explanation of "fill and gone" dispensing. Mr. Edwards stated that in July 2015, Board Staff served Mr. Aguilar a Cease and Desist Order with Citation for Unlicensed Practice of Pharmacy via Certified U.S. Mail and Electronic Mail (Exhibit 5). Mr. Edwards stated that on August 19, 2015 Board Staff received a payment of \$1,000.00 from Mr. Aguilar satisfying the citation.

Mr. Edwards called Jamie Aguilar as a witness.

Mr. Aguilar stated that he was unaware that the physician's office denied the refill request. He explained that he provided a "fill and gone" of birth control medication for the patient due to a request by a coworker who is a friend of the patient. Mr. Aguilar filled the prescription based off a transfer record from the pharmacy where the patient had previously obtained the medication. The transfer record transmitted to Scolari's had no valid refills remaining.

Mr. Aguilar answered further questions regarding the "fill and gone" procedure and lack of record keeping.

Mr. Aguilar admitted that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by Scolari's Pharmacy, he acted outside the scope of practice for a pharmaceutical technician by filling and dispensing a medication without a prescription or authorization from a practitioner and failed to maintain a recordkeeping system that would allow for readily retrievable prescription records.

Lon Hettich, pharmacy manager, appeared and was sworn by President Basch prior to answering questions or offering testimony.

The Board questioned Mr. Hettich on Scolari's Pharmacy's policies and procedures regarding "fill and gone" prescriptions.

Mr. Edwards called Joe Depczynski as a witness. Mr. Depczynski, Inspector/Investigator for the Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Depczynski responded to questions by Mr. Edwards regarding the procedure he followed while investigating this case.

Mr. Depczynski stated that during his investigation, he requested a comment by Delia Nuno, the relief pharmacist on duty that day.

Mr. Edwards moved to have the statement from Ms. Nuno accepted into the record as Exhibit 7. President Basch accepted Exhibit 7 into the record.

Mr. Depczynski explained that Ms. Nuno's statement indicated that she did not recall filling a prescription for the patient nor the birth control in question.

Board Action:

Motion: Kevin Desmond moved to find that the allegations in the Notice of Intended Action have been proven and to find Jamie Aguilar guilty in the First and Second Causes of Action.

Second: Kirk Wentworth

Action: Passed unanimously

Board discussion ensued regarding Mr. Aguilar's intent to provide an emergency fill for a patient and not to purposefully divert medications.

Board Action:

Motion: Tallie Pederson moved to find Jamie Aguilar not guilty in the Third Cause of Action.

Second: Kirk Wentworth

Action: Passed unanimously

Mr. Edwards offered penalty recommendations for the Board's consideration.

The Board discussed the seriousness of pharmaceutical technicians acting outside their scope of practice.

The Board expressed concern regarding the lack of guidance from the pharmacist on duty.

Board Action:

Motion: Kirk Wentworth moved to revoke Jamie Aguilar's pharmaceutical technician registration.

Second: No second offered

Action: Motion failed

Board Action:

Motion: Tallie Pederson moved to suspend Jamie Aguilar's pharmaceutical technician registration for 6 months. Mr. Aguilar is required to complete 10 hours of CE on the topics of Ethics and Law. Mr. Aguilar shall also pay an administrative fee of \$495.00

Second: Kevin Desmond

Action: Passed unanimously

B. Esai Rodriguez, PT (14-048-PT-N)

Esai Rodriguez was not present.

Mr. Edwards moved to have Exhibits 1 through 6 admitted. President Basch accepted the Exhibits into the record.

Mr. Edwards explained that Board Staff received notification from CVS Health's director of regulatory affairs that Mr. Rodriguez was terminated from his employment as a pharmaceutical technician at CVS Pharmacy #9168. Mr. Rodriguez was terminated for diversion of controlled substances. During an interview with a CVS regional loss prevention manager, Mr. Rodriguez admitted to diverting approximately 300 Xanax 1 mg. tablets, 300 Xanax 0.5 mg. tablets, 200 Xanax 2 mg. tablets, 60 Diazepam 5 mg. tablets, 100 Diazepam 10 mg. tablets, 60 Soma 350 mg. tablets, 100 Soma 250mg. tablets, 50 Tylenol #3 tablets, 150 Tramadol 50 mg. tablets and 30 Vyvanse 30 mg. tablets.

Mr. Edwards stated that Board Staff served the Notice of Intended Action and Accusation by certified mail on July 29, 2015. He explained that the Accusation was returned to the Board

office and marked unclaimed (Exhibit 1). Mr. Edwards also provided a copy of the letter sent to Mr. Rodriguez notifying him of the Hearing (Exhibit 2). Mr. Edwards explained that Exhibits 3, 4, 5 and 6 are a statement from CVS listing the diverted drugs, an email from CVS with a statement from Mr. Rodriguez admitting to diverting the controlled substances, the police report filed by CVS, and a letter from CVS and the DEA-106 form reporting the loss of controlled substances to DEA.

Board Action:

Motion: Jason Penrod moved to find that based on the evidence presented, Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Mr. Rodriguez.

Second: Kevin Desmond

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to find that the allegations in the Notice of Intended Action have been proven and to find Esai Rodriguez guilty in the First Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Mr. Edwards offered penalty recommendations for the Board's consideration.

Board Action:

Motion: Kirk Wentworth moved to revoke Esai Rodriguez's pharmaceutical technician license.

Second: Jason Penrod

Action: Passed Unanimously

5. Application for Intern Pharmacist License – Appearance

Jessica E. Marsh

Jessica Marsh appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that Ms. Marsh had appeared before the Board in June 2014 requesting to be licensed as a pharmaceutical technician. At that time, the Board approved Ms. Marsh's pharmaceutical technician application pending Ms. Marsh's relocation to Nevada and a positive evaluation by PRN-PRN. Mr. Edwards stated that Ms. Marsh did not pursue her Nevada Pharmaceutical Technician license, but has since been accepted by Roseman University pending her ability to obtain a Nevada Intern Pharmacist License.

Mr. Edwards stated that he spoke with Larry Espadero of PRN-PRN who expressed positive comments regarding Ms. Marsh.

Ms. Marsh answered questions to the Board's satisfaction regarding her past arrest, addiction recovery and education.

Board Action:

Motion: Jason Penrod moved to approve Jessica Marsh's Application for Intern Pharmacist License.

Second: Kirk Wentworth

Action: Passed Unanimously

6. Request for Removal of Restrictions on Pharmacy License – Appearance

PharMerica and Spectrum Non-Sterile Compounding

Roland Werner, Pharmacy Director, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Werner explained that due to a past compounding error, the Board placed a compounding restriction on Spectrum. In June 2014, PharMerica purchased Spectrum. Due to the merger of the two companies, the compounding restriction transferred to PharMerica as well. Mr. Werner requested the Board to consider lifting the compounding restriction on PharMerica and Spectrum.

Mr. Edwards clarified that the compounding restriction stated that Spectrum may continue to compound products it has been compounding in the ordinary course of its business, but Spectrum may not compound additional products not presently part of its ordinary course of business, oral capsules and products for outpatient use, without first obtaining specific Board approval.

The Board questioned Mr. Werner regarding past discipline, compounding procedures and PharMerica's compounding recipes.

Dave Wuest, Deputy Executive Secretary of the Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Wuest explained that Board Staff has been in contact with Mr. Werner and that PharMerica has been compliant with the compounding restriction. Mr. Wuest stated that Board Staff encouraged Mr. Werner to appear before the Board for reconsideration.

The Board discussed the option of having Board Staff conduct additional inspections and review PharMerica's policies and procedures.

Board Action:

Motion: Jason Penrod moved to remove PharMerica's compounding restrictions pending a positive inspection.

Second: Kevin Desmond

Action: Passed unanimously

7. Proposed Regulation Amendment Workshop

A. **New Language to be added to NAC Chapter 639**, pursuant to the Good Samaritan Drug Overdose Act, SB 459 (2015), establishing educational requirements and standardized procedures or protocols for the furnishing of opioid antagonists by pharmacists and other appropriate entities to persons at risk of experiencing an opioid-related overdose or to a family member, friend or other person in a position to assist persons at risk of experiencing an opioid-related drug overdose.

Mr. Pinson provided a brief summary of SB 459.

Krystal Ricco, Roseman University, submitted written public testimony expressing concern regarding the use of the word "training" in Section 3. Board discussion ensued regarding alternate phrasing.

Mr. Edwards and Mr. Wuest provided more information.

Elise Monroy, Health and Human Policy Service Analyst for the Governor's office, stated that the intent of the Bill is to expand access to Naloxone. She expressed concern that collecting too much information, while great for data analysis, may deter patients from seeking help as well as deter pharmacy participation.

Board discussion ensued regarding potential record keeping options.

Liz MacMenamin, RAN, expressed concern that Sections 4 through 6 may be asking for too much patient information.

Mr. Wuest reiterated that the intent of the Bill is to make Naloxone available and stated that the law allows for other means for patients to obtain Naloxone without going to a pharmacy.

Beth Foster, Chief of Pharmacy VA, and Heather Mooney, pharmacist VA, supported making Naloxone more readily available to patients. Ms. Mooney requested clarification regarding Section 9.5b.

Keith Macdonald, pharmacist, expressed concern over the time it takes to educate a patient on how to use Naloxone during an emergency situation. He also questioned the accuracy of the patient name and demographic information provided while trying to divert drugs for others.

After discussion, changes were recommended to the proposed language. Board staff will incorporate changes and bring the proposed amendment back to Workshop.

B. Amendment of Nevada Administrative Code 453.510 Schedule I.

The proposed amendment to NAC 453.510 will add newly identified synthetic drugs to the list of controlled substances listed on Schedule I.

Board Action:

Motion: Tallie Pederson moved to adopt the proposed amendment and move forward to Public Hearing.

Second: Jason Penrod

Action: Passed unanimously

C. Amendment of Nevada Administrative Code 453.540 Schedule IV.

The proposed amendment to NAC 453.540 will add Lorcaserin to the list of controlled substances listed on Schedule IV.

Board Action:

Motion: Kevin Desmond moved to adopt the proposed amendment and move forward to Public Hearing.

Second: Jason Penrod

Action: Passed unanimously

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

Choice LV Specialty Pharmacy – Las Vegas

Jonathan Tang, managing pharmacist, and Jonathan Yamamoto, part owner, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Yamamoto explained that Choice LV Specialty Pharmacy is an open door retail pharmacy specializing in dermatology and podiatry prescriptions as well as some ophthalmology prescriptions.

Mr. Tang answered questions to the Board's satisfaction regarding his past pharmacy experience and training.

The Board questioned Mr. Yamamoto regarding Choice LV Specialty Pharmacy's policies and procedures and marketing strategy.

Mr. Tang and Mr. Yamamoto answered questions to the Board's satisfaction.

Board Action:

Motion: Tallie Pederson moved to approve Choice LV Specialty Pharmacy's Application for Nevada Pharmacy License pending a positive inspection.

Second: Kirk Wentworth

Action: Passed unanimously

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

- A. CareKinesis, Inc. – Boulder, CO
- B. CareKinesis, Inc. – Moorestown, NJ

Michael Ristagno appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Ristagno presented two letters of authorization permitting him to speak on behalf of the company.

Mr. Ristagno explained that CareKinesis is a National PACE pharmacy that provides all-inclusive care to the elderly. He stated that PACE is an alternative to long term care for the elderly who want to continue to live at home.

Mr. Ristagno answered questions to the Board's satisfaction regarding past discipline, prescription dispensing and labelling.

The Board questioned Mr. Ristagno regarding patient counselling. After discussion the Board informed Mr. Ristagno that having the prescriber counsel the patient does not meet state requirement. Mr. Ristagno agreed to make the necessary changes to fulfil state requirement.

Board Action:

Motion: Jason Penrod moved to approve CareKinesis in CO's Application for Out-of-State Pharmacy License

Second: Kevin Desmond

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to approve CareKinesis in NJ's Application for Out-of-State Pharmacy License

Second: Kevin Desmond

Action: Passed unanimously

C. Molecular Imaging Radiopharmacy – Salt Lake City, UT

James Miles, managing pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Miles provided a letter of authorization permitting him to speak on behalf of Molecular Imaging Radiopharmacy.

Mr. Miles answered the Board's questions regarding his education and training.

Mr. Miles explained that Molecular Imaging Radiopharmacy is a nuclear pharmacy that specializes in shipping isotopes for positron emission tomography used primarily for medical imaging of tumors.

Mr. Miles answered questions to the Board's satisfaction regarding Molecular Imaging Radiopharmacy's facility layout, laboratory procedure and the process of shipping isotopes.

Board Action:

Motion: Jason Penrod moved to approve Molecular Imaging Radiopharmacy's Application for Out-of-State Pharmacy License.

Second: Tallie Pederson

Action: Passed unanimously

D. The Pharmacy at Midtown – Tuscaloosa, AL

Harold Thomas, managing pharmacist, appeared and was sworn by President Basch prior to answering questions.

Mr. Thomas presented a letter of authorization permitting him to speak on behalf of The Pharmacy at Midtown.

Mr. Thomas explained that The Pharmacy at Midtown is a retail pharmacy that performs sterile and non-sterile compounding. He stated that the sterile compounded products they provide are primarily ophthalmic drops, veterinary compounds and ED medications.

The Board questioned Mr. Thomas regarding The Pharmacy at Midtown's last inspections.

Mr. Thomas answered questions to the Board's satisfaction regarding The Pharmacy at Midtown's clean room, staffing, and compounding accreditation.

The Board removed The Pharmacy at Midtown's affidavit not to ship sterile products into Nevada from the record at Mr. Thomas' request.

Board Action:

Motion: Kevin Desmond moved to approve The Pharmacy at Midtown's Application for Out-of-State Pharmacy License.

Second: Jason Penrod

Action: Passed unanimously

10. Application for Out-of-State Wholesaler – Appearance for Possible Action:

Alexso Inc. – Los Angeles, CA

A representative from Alexo Inc. contacted Board Staff to explain that nobody would be able to attend the September 2015 meeting, and to request this matter be heard at a later date.

11. General Counsel Report for Possible Action

Update on James Ammon, R.Ph

Mr. Wuest stated that during the July Board Meeting, the Board voted to reinstate James Ammon's Pharmacist License. Mr. Wuest explained that following that meeting, Board Staff discovered that they were unable to reinstate his license since his license had gone un-renewed for more than five years. Mr. Wuest stated that Mr. Ammon is eligible for licensure via reciprocity and that Board staff had begun that process. Mr. Wuest informed the Board that Mr. Ammon was dissatisfied with this course of action, but Board Staff determined that per regulation Mr. Ammon's request for licensure must be processed via reciprocity.

12. Approval of 2016 Board Meeting Dates for Possible Action

Board Action:

Motion: Jason Penrod moved to approve the Board Meeting Dates for 2016 as published.

Second: Kirk Wentworth

Action: Passed unanimously

13. Executive Secretary Report for Possible Action:

A. Financial Report

Mr. Pinson presented the financials to the Board's satisfaction.

B. Temporary Licenses

Four temporary licenses were issued since the last meeting.

C. Staff Activities

1. NGA Policy Academy on Rx Drug Abuse Update:

Mr. Pinson reported that the National Governors Association (NGA) has worked to develop policies to help reduce prescription drug abuse. He explained that MPAC will take NGA's recommendations and move forward to fight prescription drug abuse.

a. Meetings with hospitals & hospital associations

Mr. Wuest met with the hospitals in Las Vegas to speak about the requirements and expectations from SB 459.

Mr. Pinson, Mr. Wuest and Mr. Edwards met with the hospitals in Northern Nevada to speak about SB 459.

b. Meeting with HealthCare Board & Association Executives

Mr. Pinson stated that there would be a meeting on September 4, 2015 with the executives from the Healthcare Board's and Associations to discuss SB 459.

2. Speaking Engagements:

- a. Behavioral Health
- b. NVSHP

Mr. Depczynski will be presenting to NVSHP in October 2015.

- c. Dental Group

Mr. Pinson will be presenting to a dental group in October 2015 on the topic of drug abuse.

3. Student Rotations with Board

- a. Evaluation

Mr. Pinson presented a positive evaluation submitted by a student who recently completed a rotation with the Board.

4. Compliance Office Sterile Compounding Training-NABP

Mr. Depczynski will travel to Chicago in October for training with NABP

5. Executive Office Forum – NABP

Mr. Pinson will be attending the NABP Executive Office Forum in October.

D. Reports to Board

1. Collaborative Efforts:

- a. BOME; BOVME; BON; DEA

2. Update: District Meeting

Mr. Wuest reported that preparations for the District 6, 7 & 8 are almost complete and provided a brief summary of the program and the number of registrants to date for the Board's information.

3. PMP Administrator

Mr. Pinson introduced Yen Long, Pharm. D., BCACP, as the new PMP Administrator. Ms. Long graduated from Roseman University in 2011. She continued on as a Resident at VA Southern Nevada Healthcare System in Las Vegas for 1 year then worked as a Clinical Pharmacist and Assistant Professor for 3 years.

4. Legislative Committee on Regulations

E. Board Related News

F. 1. DEA 10th Drug Take-Back Day
Activities Report

14. Next Board Meeting:

October 14-15, 2015 – Las Vegas

15. Public Comment

Liz MacMenamin, RAN, asked for volunteers for the National Prescription Drug Take-Back Day on September 26, 2015 in Northern Nevada.

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH _____)

Check box below for type of ownership and complete all required forms.

☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BEST CARE PHARMACY INC. (DBA: ASPCARES)

Physical Address: 2657 NW 20th Street

Mailing Address: 2657 NW 20th Street

City: Miami State: FL Zip Code: 33142

Telephone: 305-856-0070 Fax: 305-856-0072

Toll Free Number: 888-984-7155 (Required per NAC 639.708)

E-mail: FLORIDA@ASPCARES.com Website: ASPCARES.com

Managing Pharmacist: BENJAMIN BOCHES License Number: P551624

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☐ Other: _____

All boxes in this section must be checked for the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☐ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

88985

B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Credena Health LLC

Physical Address: 6348 NE Halsey Street, Ste. A, Portland, OR 97213

Mailing Address: 6348 NE Halsey Street, Ste. A

City: Portland State: OR Zip Code: 97213

Telephone: 503-962-1700 Fax: 503-962-1750

Toll Free Number: 855-360-5476 (Required per NAC 639.708)

E-mail: deborah.michaelson@providence.org Website: _____

Managing Pharmacist: Austin Ewing License Number: RPH-0013392

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☒ ☐ Other Services: Independent

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

C

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
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** or ☐ **Ownership Change** (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☒ **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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Homescripts.com, LLC
Physical Address: 500 Kirts Blvd., Ste. 300, Troy, MI 48084
Mailing Address: 6923 Lee Vista Blvd, Ste. 300
City: Orlando State: Florida Zip Code: 32811
Telephone: 248-824-6300 Fax: 877-541-1503
Toll Free Number: 888-239-7690 (Required per NAC 639.708)
E-mail: licensing@Acariahealth.com Website: www.acariahealth.com
Managing Pharmacist: Suhair Farida License Number: 5302410833

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ **Off-site Cognitive Services**
☐ ☒ **Parenteral ****
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ **Sterile Compounding ****
☐ ☒ Non Sterile Compounding
☐ ☒ **Mail Service Sterile Compounding ****
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

89660

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.

☒ 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: Time Square Drugs, Inc. d/b/a Manhattan's Pharmacy

Physical Address: 451 University Blvd, Ste 103, Jupiter, FL 33458

Mailing Address: Same as physical

City: Jupiter State: FL Zip Code: 33458

Telephone: 561-277-924 Fax: 561-972-4260

Toll Free Number: 844-887-5503 (Required per NAC 639.708)

E-mail: Sunrayrx99@msn.com Website: Manhattanrx.com

Managing Pharmacist: Christos Vasou License Number: PS44635 (FL)

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

All boxes in this section must be checked for the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

89498

E

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Reliable Pharmacy
Physical Address: 1757 San Marco Rd #B
Mailing Address: Same
City: Marco Island State: FL Zip Code: 34145
Telephone: (239) 970-0415 Fax: (239) 970-0649
Toll Free Number: (844) 410-7786 (Required per NAC 639.708)
E-mail: reliablepharmacymarco@gmail.com Website: _____
Managing Pharmacist: Marla Burke License Number: PS33157

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

8/16/02

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: US Specialty Care, LLC
Physical Address: 310 Eagles Landing Dr, Lakeland, FL 33810
Mailing Address: 500 Eagles Landing Dr.
City: Lakeland State: FL Zip Code: 33810
Telephone: 800-641-8475 Fax: 800-530-8589
Toll Free Number: 888-479-2000 (Required per NAC 639.708)
E-mail: administration@welldyne.com Website: -
Managing Pharmacist: Marlette Odofsen License Number: PS 39518

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Out of State

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

G

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509
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** or ☐ **Ownership Change** (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms.
☐ **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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: All Scripts Pharmacy

Physical Address: 1530-B West Vine St

Mailing Address: 1530-B West Vine St

City: Kissimmee State: FL Zip Code: 34741

Telephone: 407-530-4745 Fax: 407-530-4744

Toll Free Number: 844-240-8693 (Required per NAC 639.708)

E-mail: Tamer@allscriptsparmacy.com Website: N/A

Managing Pharmacist: Phuong Mai T, Duong License Number: PS32576

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

00222

H

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Glen RX Drugs, Inc. DBA Astro Pharmacy

Physical Address: 617 E. Colorado St., Glendale, CA 91205

Mailing Address: 617 E. Colorado Street

City: Glendale State: CA Zip Code: 91205

Telephone: (818)551-9010 Fax: (818)551-9011

Toll Free Number: (800) 685-6522 (Required per NAC 639.708)

E-mail: info@ahswc.com Website: Not Applicable

Managing Pharmacist: Shiva Farzan License Number: 44807

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

I

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Carrollton Prescription Shop
Physical Address: 4424 41254 Hwy 195 Suite G. Haleville, AL 35565
Mailing Address: 41254 Hwy 195 Suite G
City: Haleville State: AL Zip Code: 35565
Telephone: 205-494-7150 Fax: 205-485-1133
Toll Free Number: 844-707-4276 (Required per NAC 639.708)
E-mail: jeff.south71@gmail.com Website: N/A
Managing Pharmacist: Tim Aaron License Number: AL-10300

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

Amount: \$500.00

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hopkinton Drug, Inc.

Physical Address: 52 Main Street, Hopkinton, MA 01748

Mailing Address: 52 Main Street

City: Hopkinton State: MA Zip Code: 01748

Telephone: 508-435-4441 Fax: 508-435-5983

Toll Free Number: 800-439-4441 (Required per NAC 639.708)

E-mail: pharmacy@rxandhealth.com Website: www.rxandhealth.com

Managing Pharmacist: Dennis Katz License Number: PH17067

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

89808

K

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Florida Pharmacy Solutions, Inc.

Physical Address: 38444 5th Avenue

Mailing Address: 38444 5th Avenue

City: Zephyrhills State: FL Zip Code: 33542

Telephone: 352-437-4856 Fax: 888-732-7207

Toll Free Number: 855-777-7998 (Required per NAC 639.708)

E-mail: FPS-States@FPS-Rx.com Website: N/A

Managing Pharmacist: Craig Woodruff License Number: PS35941

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ 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**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Jay Pharmacy of Jay, Florida, Inc.Physical Address: 14088 Alabama St., Jay, Florida 32505Mailing Address: 10258 N. W. St.City: Pensacola State: FL Zip Code: 32505Telephone: 850-1102-7045 x.108 Fax: 850-675-4006Toll Free Number: 877-275-7046 (Required per NAC 639.708)E-mail: heather@psprx.com Website: n/aManaging Pharmacist: Cecil Phillips License Number: 11047**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☐ Other: n/a

All boxes in this section must be checked for the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: n/a

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

M

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ 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

GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: LADD FAMILY PHARMACY, LLCPhysical Address: 1109 S. BROADWAY AVEMailing Address: 1109 S. BROADWAY AVECity: BOISE State: ID Zip Code: 83706Telephone: 208-947-0877 Fax: 208-947-0874Toll Free Number: 855-401-0877 (Required per NAC 639.708)E-mail: LADD@LADDRX.COM Website: WWW.LADDFAMILYRX.COMManaging Pharmacist: ELAINE LADD License Number: P5971**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

8/16/18

N

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PerformSpecialty, LLC

Physical Address: 2416 Lake Orange Drive Suite 190

Mailing Address: 2416 Lake Orange Drive Suite 190

City: Orlando State: FL Zip Code: 32837

Telephone: 407-956-1200 Fax: 407-734-4802

Toll Free Number: 855-287-7888 (Required per NAC 639.708)

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

Managing Pharmacist: Dzicdzice Washington License Number: PS34380

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds ____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☒ Other: Specialty

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☐ ☒ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☒ ☒ Other Services: Specialty

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

89723

0

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
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 or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rx Unlimited

Physical Address: 8641 Wilshire Blvd., Suite #120

Mailing Address: 8641 Wilshire Blvd., Suite #120

City: Beverly Hills State: California Zip Code: 90211

Telephone: 310-360-0000 Main
877-877-3784 Toll-Free Fax: 310-360-0100

Toll Free Number: 877-877-3784 (Required per NAC 639.708)

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

Managing Pharmacist: Ciantel Adair Blyler, Pharm.D License Number: RPH69122

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

89867

P

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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~~ or ☐ **Ownership Change** (Provide current license number if making changes: PH____)

Check box below for type of ownership and complete all required forms.

☐ 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

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: VITAL MED RX

Physical Address: 235 E. MORRIS BLVD MORRISTOWN TN 37813

Mailing Address: 235 E MORRIS BLVD MORRISTOWN TN 37813

City: MORRISTOWN State: TN Zip Code: 37813

Telephone: 888 209 3989 Fax: 877 496 1370

Toll Free Number: 888 209 3989 (Required per NAC 639.708)

E-mail: RX@VITALMEDRX.COM Website: WWW.VITALMEDRX.COM

Managing Pharmacist: DAVID B. MITCHELL License Number: 00000 38310

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds ____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☒ ☐ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

89869

Q

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WESTWOOD PHARMACY CLINICAL SERVICES
Physical Address: 5823 PATTERSON AVENUE, SUITE A; RICHMOND, VA 232
Mailing Address: 5823 PATTERSON AVENUE; SUITE A
City: RICHMOND State: VA Zip Code: 23226
Telephone: 804-288-3620 Fax: 804-288-1510
Toll Free Number: 866-996-6379 (Required per NAC 639.708)
E-mail: spal@WESTWOODPHARMACY.COM Website: WESTWOODPHARMACY.COM
Managing Pharmacist: SHUBHRO PAL License Number: 0202204649

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: CLOSED DOOR

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☒ ☐ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

R

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION

Facility Name: Adamis Pharmaceuticals Corporation

Physical Address: 11682 El Camino Real, Suite 300

Mailing Address: 11682 El Camino Real, Suite 300

City: San Diego State: CA Zip Code: 92130

Telephone: 858-997-2400 Fax: 858-461-0842

Toll Free Number: n/a

E-mail: rhopkins@adamispharma.com Website: www.adamispharmaceuticals.com

Facility Manager: Robert Hopkins

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Long Term Care/Assisted Living , Specialty Distributors

Type of Products to be handled or wholesaled by firm:

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

S

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Dsquared Pharmaceuticals Inc.

Physical Address: 4050 E. Cotton Center Blvd, Ste 63

Mailing Address: P.O. Box 250130, Glendale, CA 91225

City: Phoenix State: AZ Zip Code: 85040

Telephone: 602-466-1310 Fax: 866-678-6983

Toll Free Number: 866-460-5188

E-mail: davin@dsquaredrx.com Website: N/A

Facility Manager: Davin Deb

Professional qualifications and experience of facility manager: *See attached CV.

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

891658

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: Eagle Pharmacy, Inc.

Physical Address: 2200 Riverchase Center Ste 675

Mailing Address: Same as above

City: Birmingham State: AL Zip Code: 35244

Telephone: 205 682 7999 Fax: 205 682 7614

Toll Free Number: 1-877-682-7994

E-mail: eaglepharmacy@gmail.com Website: _____

Facility Manager: Haleigh Cawood

Professional qualifications and experience of facility manager: Pharmacist

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

U

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 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: Egalet US Inc.

Physical Address: 460 E. Swedesford Road, Suite 1050

Mailing Address: 460 E. Swedesford Road, Suite 1050

City: Wayne State: PA Zip Code: 19087

Telephone: 610-833-4200 Fax: 484-580-6230

Toll Free Number: n/a

E-mail: mth@egalet.com Website: www.egalet.com

Facility Manager: John (Jack) Hoblitzell, PhD - Executive Director, Manufacturing Project Management

Professional qualifications and experience of facility manager: over 25 years pharmaceutical industry executive experience, focusing on chemistry, manufacturing and controls and managing contract manufacturer vendor relationships

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)* see attachment for business model description
☐ Other: _____

10-K

89866

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: Haemonetics Corporation

Physical Address: 12046 Lone Peak Parkway Draper, UT ~~08420~~ 84020

Mailing Address: 400 Wood Rd Attn: Tracey Spicuzza

City: Braintree State: MA Zip Code: 02184

Telephone: 801 619 4452 Fax: 781-356-3558

Toll Free Number: N/A

E-mail: J.Frank@haemonetics.com Website: www.Haemonetics.com

Facility Manager: Joe Frank

Professional qualifications and experience of facility manager: Attachment A

Types of licensed outlets or authorized persons firm will serve:

D Pharmacies D Practitioners ☒ Hospitals D Wholesalers
☒ Other: Blood Centers

Type of Products to be handled or wholesaled by firm:

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

W

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 01447)

☐ 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: Letco Medical, LLC
 Physical Address: 1316 Commerce Drive, N.W.
 Mailing Address: Same as above
 City: Decatur State: AL Zip Code: 35601
 Telephone: 256-350-1297 Fax: 256-353-7237
 Toll Free Number: 800-687-8902
 E-mail: info@letcomedical.com Website: letcomedical.com
 Facility Manager: Gabe Peluso

Professional qualifications and experience of facility manager: 18 years experience in pharmaceutical distribution, manufacturing/packaging, regulation and quality. BS Business, University of Alabama

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: Bulk active pharmaceutical ingredients

X

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: McKesson Medical-Surgical Inc.

Physical Address: 1400 AIP Drive Middletown, PA 17057

Mailing Address: Attn: Elaine Stutman - M16 4345 Southpoint Blvd. Jacksonville, FL 32216

City: Middletown State: PA Zip Code: 17057

Telephone: 717-944-8091 Fax: 717-944-8085

Toll Free Number: _____

E-mail: Francis.Hegarty@McKesson.com Website: www.mckesson.com

Facility Manager: Fran Hegarty

Professional qualifications and experience of facility manager: _____
32+ years in the wholesale distribution

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Nursing homes

Type of Products to be handled or wholesaled be firm:

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

89865

4

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.

NC

GENERAL INFORMATION

Facility Name: Med-Pro Distributors, LLC
Physical Address: 3415 Westinghouse Blvd. Ste 14 Charlotte, NC
Mailing Address: 3415 Westinghouse Blvd Ste 14 2827
City: Charlotte State: NC Zip Code: 28223
Telephone: _____ Fax: _____
Toll Free Number: 855-633-7761
E-mail: Admin@medprodistributors.com Website: www.medprodistributors.co
Facility Manager: Michael Sumas

Professional qualifications and experience of facility manager: Director of Sales & Compliance
Onsite management and quality control of all orders

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: _____

8916

2

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: Merrimack Pharmaceuticals, Inc.

Physical Address: One Kendall Square, Suite B7201

Mailing Address: _____

City: Cambridge State: MA Zip Code: 02139

Telephone: 617.441.1000 Fax: 617.491.1386

Toll Free Number: _____

E-mail: licensing@merrimackpharma.com Website: www.merrimackpharma.com

Facility Manager: Edward Stewart

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Specialty distributors

Type of Products to be handled or wholesaled by firm:

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

PT

89599

AA

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: NuCare Pharmaceuticals, Inc.

Physical Address: 1022 W. Katella Ave.

Mailing Address: _____

City: Orange State: CA Zip Code: 92867

Telephone: 888-482-9545 Fax: 888-376-4664

Toll Free Number: 888-482-9545

E-mail: apadayao@nucarerx.com Website: _____

Facility Manager: Anthony Padayao

Professional qualifications and experience of facility manager: California Board of Pharmacy certificate of exemption, President of operators NuCare Pharmaceuticals, Inc.

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: Prescription and over the counter

89810

BB

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 (and name change) (Please provide current license number if making changes: WH 02013)
---	--

<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: Pharmacyclics LLC

Physical Address: 999 East Arques Avenue

Mailing Address: 995 East Arques Avenue

City: Sunnyvale State: CA Zip Code: 94085

Telephone: 408-774-0330 Fax: 408-774-0340

Toll Free Number: n/a

E-mail: info@pcyc.com Website: www.pharmacyclics.com

Facility Manager: Debbie Ogasawara, Executive Director, Global Supply Chain and Logistics

Professional qualifications and experience of facility manager: over 30 years pharmaceutical drug industry experience, including 15 years in supply chain management, contract management and logistics

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: specialty pharmacies

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: _____

CC

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: QuVa Pharma, Inc.

Physical Address: 1075 West Park One Drive, Suite 100

Mailing Address: N/A (same as above)

City: Sugar Land State: TX Zip Code: 77478

Telephone: (281) 295-4383 Fax: (281) 295-4040

Toll Free Number: (866) 466-0061

E-mail: licensing@quvapharma.com Website: quvapharma.com

Facility Manager: Varsha Gaitonde

Professional qualifications and experience of facility manager: Texas Pharmacy License
44265

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 checked="" type="checkbox"/> Other: <u>Over-the-counter drugs</u>	

DD

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: Recro Gainesville LLC

Physical Address: 1300 Gould Drive

Mailing Address: 1300 Gould Drive

City: Gainesville State: GA Zip Code: 30504

Telephone: 770.534.8239 Fax: 770.534.8247

Toll Free Number: N/A

E-mail: elizabeth.shelburn@recropharma.com Website: www.recropharma.com

Facility Manager: Scott Rizzo

Professional qualifications and experience of facility manager: 25 year pharmaceutical executive

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: _____

10-K

89725

EE

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 INFORMATIONFacility Name: CARDINAL HEALTH DBA SPECIALTY PHARMACEUTICAL SERVIPhysical Address: 15 INGRAM BLVDMailing Address: SAMECity: LAVERGNE State: TN Zip Code: 37086Telephone: 615-287-0482 Fax: 614-652-0172Toll Free Number: NONEE-mail: GMB-SPS-GA@CARDINALHEALTH.COM Website: WWW.CARDINALHEALTH.COMFacility Manager: STUART MARTIN

Professional qualifications and experience of facility manager: >10 YEARS EXPERIENCE
MANAGING DISTRIBUTION, INVENTORY, FINANCIAL TRANSACTIONS FOR 3PL AND
WHOLESALE DRUG DISTRIBUTOR

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: _____

FF

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: CARDINAL HEALTH DBA SPECIALTY PHARMACEUTICAL SERVICE

Physical Address: 501 MASON RD STE 200

Mailing Address: 15 INGRAM BLVD LAVERGNE, TN 37086

City: LAVERGNE State: TN Zip Code: 37086

Telephone: 615-287-0482 Fax: 614-652-0172

Toll Free Number: N/A

E-mail: GMB-SPS-QA@CARDINALHEALTH.COM Website: WWW.CARDINALHEALTH.COM

Facility Manager: DWAYNE LEACH

Professional qualifications and experience of facility manager: 8 YEARS EXPERIENCE
MANAGING DISTRIBUTION FOR 3PL AND WHOLESALE DRUG DISTRIBUTOR

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

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

GG

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: Breg, Inc.

Physical Address: 2601 Pinewood Drive, Grand Prairie, Texas 75051
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 5204 Tennyson Parkway, Suite 100

City: Plano State: Texas Zip Code: 75024-7116

Telephone: 214.501.0304 Fax: 214.501.0299

E-mail: legal@breg.com Website: www.breg.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: Person in charge on a daily basis

Name: Gene Streicher

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

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

81601

HH

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: Infinity Medical

Physical Address: 206 S 13th St. Ste 703
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 206 S 13th St. Ste 703

City: Lincoln State: NE Zip Code: 68508

Telephone: 402-817-3391 Fax: 402-904-4603

E-mail: ccarlson@chsmmedical.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:00 to 9:00 pm Tue: 7:00 to 9:00 pm Wed: 7:00 to 9:00 pm Thu: 7:00 to 9:00 pm

Fri: 7:00 to 5:00 pm Sat: 10:00 to 5:00 pm Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Curtis Carlson

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

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

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

Name: _____ Telephone: _____

2012/11

II

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

FACILITY INFORMATION

Facility Name: Mayo Clinic Store Siebens

Physical Address: 200 First St SW, Ste SL 123
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 21 SW 2nd St, Suite 1-18

City: Rochester State: MN Zip Code: 55902-3026

Telephone: 507-284-9669 Fax: 507-538-1314

E-mail: N/A Website: http://www.mayoclinic.org/mayo-store/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Gina Owen

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>see attached list</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: N/A Telephone: N/A

89600

22

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: Nationwide Home Medical Supply, Inc.

Physical Address: 6605 Nancy Ridge Drive

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

Mailing Address: _____

City: San Diego State: CA Zip Code: 92121

Telephone: 858-923-1633 Fax: 858-750-4445

E-mail: cloud@trustedmobilityrepair.com Website: www.trustedmobilityrepair.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: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Steve Tunnell

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>Power Wheelchair Repair</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: Toll-Free Number Telephone: 1 (877) 815-6786

KK

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

FACILITY INFORMATION

Facility Name: Home O2 inc dba Premier Home Medical Supplies

Physical Address: 1810 S. Pinellas Ave Suite 5 Tarpon Springs FL 34689
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same As Above

City: _____ State: _____ Zip Code: _____

Telephone: 727-781-6131 Fax: 877-496-6219

E-mail: Curt@premierhomemed.com Website: www.premierhomemed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10am to 4pm Tue: 10am to 4pm Wed: 10am to 4pm Thu: 10am to 4pm

Fri: 10am to 4pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Curt Herrington

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: _____

LL

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: Ulthera, Inc.

Physical Address: 1840 S. Stapley Drive, Suite 200
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1840 S. Stapley Drive, Suite 200

City: Mesa State: AZ Zip Code: 85204

Telephone: 480-619-4069 Fax: 480-619-4071

E-mail: Matt.Likens@merz.com Website: www.ultherapy.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: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Matthew Likens

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>Aesthetic Medical Devices</u> |

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

Name: N/A Telephone: N/A

MM

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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: <u>MP 00524</u>)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: United States Medical Supply, LLC

Physical Address: 8260 NW 27 Street #401

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

Mailing Address: 8260 NW 27 Street #401 license Dept.

City: Miami

State: FL

Zip Code: 33122

Telephone: 305-436-6033

Fax: 305-436-1137

E-mail: licensing@usmed.com

Website: www.us-med.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 19:00 Tue: 9:00 to 19:00 Wed: 9:00 to 19:00 Thu: 9:00 to 19:00

Fri: 9:00 to 19:00 Sat: N/A Sun: N/A Holidays: N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Zachary Adam Schiffman

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: Erin Carter, CRT
Nevada Lic# RC2543

Telephone: 877-876-3363
Page 1

NN

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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>MP 00897</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: US Med, LLC

Physical Address: 8260 NW 27 Street #401

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

Mailing Address: 8260 NW 27 Street #403 License Dept.

City: Miami

State: FL

Zip Code: 33122

Telephone: 305-436-6033

Fax: 305-436-1137

E-mail: licensing@usmed.com

Website: www.us-med.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 19:00 Tue: 9:00 to 19:00 Wed: 9:00 to 19:00 Thu: 9:00 to 19:00

Fri: 9:00 to 19:00 Sat: N/A Sun: N/A Holidays: N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Zachary Adam Schiffman

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: Erin Carter, CRT
Nevada Lic # RC2543

Telephone: 877-876-3363
Page 1

00

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: YNC ENTERPRISE, INC.

Physical Address: 20162 SW BIRCH STREET, SUITE 220A NEWPORT BEACH, CA 92660
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 20162 SW BIRCH STREET, SUITE 220A

City: NEWPORT BEACH State: CA Zip Code: 92660

Telephone: (949) 955-9110 Fax: (877) 618-7787

E-mail: info@ahswc.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10:00 AM to 5:00 PM Tue: 10:00 AM to 5:00 PM Wed: 10:00 AM to 5:00 PM Thu: 10:00 AM to 5:00 PM
Fri: 10:00 AM to 5:00 PM Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: GLORIA KARNES

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: <u>SURGICAL DRESSINGS</u> |

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

Name: _____ Telephone: _____

PP

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 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. <input checked="" type="checkbox"/> 501 C3	

GENERAL INFORMATION to be completed by all types of ownership

Public
Charity

MDEG Name: Core Chest of the Sierra Nevada

Physical Address: 7910 N. Virginia St Reno, NV 89506
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: _____ State: _____ Zip Code: _____

Telephone: 775-829-2273 Fax: _____

E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Bill Kahl, RPH (William E. Kahl)

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** <u>Nebulizers only</u>	<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Life-sustaining equipment**	<input type="checkbox"/> Orthotics and Prosthesis
<input checked="" type="checkbox"/> Diabetic Supplies	Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Bill Kahl Telephone: 775-742-4416

QQ

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 type="checkbox"/> New MDEG	<input checked="" 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 <u>MP00026</u>)			

<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 to be completed by all types of ownership

MDEG Name: ORTHOPEDIC MOTION INC.

Physical Address: 2800 E. DEBERT INN SUITE 250
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2800 E. DEBERT INN SUITE 250

City: CAS VEGAS State: NV Zip Code: 89121

Telephone: 702 697 7070 Fax: 702 697 7077

E-mail: INFO@ORTHOPEDICMOTION.COM Website: ORTHOPEDICMOTION.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Lisa Romney

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: _____

RR

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 MP00109)

☐ 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: Prosthetic Center of Excellence, Inc.

Physical Address: 400 Shadow Lane, Suite 110
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Las Vegas State: NV Zip Code: 89106

Telephone: 702-384-1410 Fax: 702-384-0479

E-mail: lesleigh@lvbionics.com Website: www.lvbionics.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 24 hour
Fri: 8 to 5 Sat: - to - Sun: - to - Holidays: - to - on-call

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Michael Straughan

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☒ Orthotics and Prosthetics
☐ 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: _____

SS

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ACRX SPECIALTY PHARMACY

Physical Address: 3289 Soaring gulls, Suite 101 Las Vegas NV 89111

Mailing Address: 5025 S. Eastern ave #25

City: Las Vegas State: Nevada Zip Code: 89111

Telephone: 702-595-6265 Fax: _____

Toll Free Number: _____

E-mail: jerry@acrxpharmacy.com Website: _____

Managing Pharmacist: Jerry Iginia License Number: 16316

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday 10 am 4 pm

Sunday closed am closed pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

compounding

TT

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Nevada Surgical Suites
 Physical Address: 1569 E Flamingo RD LV NV 89119
 Mailing Address: 2809 W Charleston Blvd #100
 City: Las Vegas State: NV Zip Code: 89102
 Telephone: 702.476.9999 Fax: 702.946.1343
 Toll Free Number: _____
 E-mail: david1@nvcpc.com Website: www.nvcpc.com
 Managing Pharmacist: Todd Bleck License Number: 11505

Hours of Operation:

Monday thru Friday 8 am 5 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 type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

00287

UU

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input 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: Refill Pharmacy, LLC

Physical Address: 8536 Del Webb Blvd, Las Vegas NV 89134

Mailing Address: 8536 Del Webb Blvd

City: Las Vegas State: Nevada Zip Code: 89134

Telephone: (702) 335-7440 Fax: TBD

Toll Free Number: N/A

E-mail: mjohnson16@midwestern.edu Website: N/A

Managing Pharmacist: Michael Johnson License Number: 18296

Hours of Operation:

Monday thru Friday <u>9</u> am <u>6</u> pm	Saturday <u>n/a</u> am <u>n/a</u> pm
Sunday <u>n/a</u> am <u>n/a</u> pm	24 Hours <u>n/a</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

801819

VV

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.

☐ New Pharmacy ☒ Ownership Change ☒ Name Change ☐ Location Change
(Please provide current license number if making changes: PH 00394)

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Ridley's Pharmacy #1135

Physical Address: 1125 W Winnemucca BLVD

Mailing Address: 621 Washington St. S, Twin Falls Id 83301

City: Winnemucca State: NV Zip Code: 89445

Telephone: 775-623-2548 Fax: 775-623-5806

Toll Free Number: — N/A

E-mail: RxDirector@shopridleys.com Website: shopridleys.com

Managing Pharmacist: Steve Sicherman License Number: 07932

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday 9 am 5 pm
Sunday Ø am Ø pm 24 Hours NO

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

WW

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Silver Stage Pharmacy

Physical Address: 2840 Alt. 95 South #2

Mailing Address: Silver Spring

City: Silver Springs State: NV Zip Code: 89429

Telephone: 775 426 9385 Fax: 775 273 9013

Toll Free Number: N/A

E-mail: grant.moulton@gmail.com Website: N/A

Managing Pharmacist: Grant Moulton License Number: 9524

Hours of Operation:

Monday thru Friday 10 am 6 pm

Sunday _____ am _____ pm

Saturday _____ am _____ pm

24 Hours. _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

XX

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.

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: THE LV SURGERY CENTER LLC

Physical Address: 7315 S. PECOS RD. #103, LAS VEGAS NV 89120

Mailing Address: 3910 S. MARYLAND PKWY SUITE 9B

City: LAS VEGAS State: NV Zip Code: 89119

Telephone: (702) 855-0550 Fax: (702) 855-0650

Toll Free Number: N/A

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

Managing Pharmacist: MARY R. GREAR, R.Ph. License Number: 10687

Hours of Operation:

Monday thru Friday 6 am 4 pm Saturday 6 am 4 pm
Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

AUG 20 2015

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

HITESH AMIN, RPH

Certificate of Registration No. 12279,

SAV-ON #6093

Certificate of Registration No. PH01263,

Respondents.

CASE NO. 15-035-RPH-S

CASE NO. 15-035-PH-S

NOTICE OF INTENDED
ACTION AND ACCUSATION

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Hitesh Amin (Mr. Amin), Certificate of Registration No. 12279, was a pharmacist registered with the Board, and Respondent Sav-On Pharmacy #6093 (Sav-On), Certificate of Registration No. PH01263, was a pharmacy registered with the Board.

II.

On March 26, 2015, patient R.K. saw her physician, Dr. Johnson, who prescribed a quantity of thirty (30) amitriptyline 10 mg. with instructions to take one tablet by mouth at bedtime.

III.

Sav-On accepted the prescription on March 26, 2015, and filled the prescription that same day.

IV.

On March 28, 2015, R.K.'s husband picked up the medication (Rx #490953) at the

pharmacy drive-thru window. Pharmacist Amin performed patient counseling at the time of pickup.

V.

On May 13, 2015, pharmacist Rickey Smith (Mr. Smith) processed a refill request for Rx #490953. During the verification process, Mr. Smith reviewed the prescription label against the scanned prescription image in the pharmacy computer system. He discovered that the initial fill for Rx #490953, sold to R.K.'s husband on March 28, 2015, contained *amitriptyline 100 mg. tablets*, rather than the *amitriptyline 10 mg. tablets* as prescribed.

VI.

Mr. Smith contacted R.K. and Dr. Johnson's office to report the error.

VII.

R.K. ingested twenty-nine (29) of the wrong medication before the error was discovered.

VIII.

R.K. contacted Dr. Johnson on April 22, 2015, prior to her knowledge of the dosage error. She reported to Dr. Johnson that she had been experiencing ill effects since beginning the treatment of amitriptyline.

IX.

Dr. Johnson informed R.K. that amitriptyline 10 mg. is a low dose; 100 mg. is a typical dosage. He did not substantiate the potential for any long term effects from ingestion of the higher dose.

X.

According to pharmacy records, the error originated with pharmaceutical technician Janet Nyeholt (Ms. Nyeholt), who performed the data entry for R.K.'s prescription. During data entry, Ms. Nyeholt inadvertently typed *amitriptyline 100 mg. tablets*, rather than the *amitriptyline 10 mg. tablets* prescribed by R.K.'s physician.

XI.

Pharmaceutical technician T.H. initiated the filling of Rx #490953. She displayed the prescription data on the pharmacy computer screen and retrieved the stock bottle of amitriptyline 100 mg. tablets from the shelf. T.H. verified that the bottle of medication matched the information that Ms. Nyeholt input during data entry. T.H. completed the filling process and staged the product for the pharmacist's verification.

XII.

Mr. Amin performed the final product verification. He reviewed the scanned image of the prescription, however, Mr. Amin did not detect that the prescription bottle contained the wrong strength of amitriptyline. Mr. Amin approved the prescription as accurate and complete and placed the final product in "Will Call" for customer pickup.

XIII.

Mr. Amin indicated to the Board Investigator that during patient consultation, the pharmacist has the opportunity to view the scanned prescription image. The pharmacist typically does not review the image unless there is a question or issue during the counseling. Mr. Amin did not review the scanned prescription and failed to detect the data entry error during counseling.

FIRST CAUSE OF ACTION

XIV.

In failing to strictly follow the instructions of R.K.s' physician by verifying and dispensing a prescription for *amitriptyline 100 mg. tablets*, rather than the *amitriptyline 10 mg. tablets* prescribed, Mr. Amin violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

XV.

By failing to provide adequate counseling for R.K.s' new prescription, Mr. Amin violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.


THIRD CAUSE OF ACTION

XVI.

As the pharmacy in which the violations alleged above occurred, Sav-On is responsible for the actions of its employee, Hitesh Amin, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

Therefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 19th day of August, 2015.


Larry L. Finson, 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.

HITESH AMIN, RPH

Certificate of Registration No. 12279,

Respondent.

)
) **CASE NO. 15-035-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 by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

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


III.

The Board has reserved Wednesday, October 14, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 19th day of August, 2015.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 15-035-RPH-S
Petitioner,)	
v.	)	ANSWER AND NOTICE
	)	OF DEFENSE
HITESH AMIN, RPH)	
Certificate of Registration No. 12279,)	
)	
Respondent.	/	

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

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

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

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

DATED this ____ day of _____, 2015.

HITESH AMIN, RPH

FILED

AUG 20 2015

**NEVADA STATE BOARD
OF PHARMACY**

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

HITESH AMIN, RPH

Certificate of Registration No. 12279,

SAV-ON #6093

Certificate of Registration No. PH01263,

Respondents.

CASE NO. 15-035-RPH-S

CASE NO. 15-035-PH-S

**NOTICE OF INTENDED
ACTION AND ACCUSATION**

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Hitesh Amin (Mr. Amin), Certificate of Registration No. 12279, was a pharmacist registered with the Board, and Respondent Sav-On Pharmacy #6093 (Sav-On), Certificate of Registration No. PH01263, was a pharmacy registered with the Board.

II.

On March 26, 2015, patient R.K. saw her physician, Dr. Johnson, who prescribed a quantity of thirty (30) amitriptyline 10 mg. with instructions to take one tablet by mouth at bedtime.

III.

Sav-On accepted the prescription on March 26, 2015, and filled the prescription that same day.

IV.

On March 28, 2015, R.K.'s husband picked up the medication (Rx #490953) at the

pharmacy drive-thru window. Pharmacist Amin performed patient counseling at the time of pickup.

V.

On May 13, 2015, pharmacist Rickey Smith (Mr. Smith) processed a refill request for Rx #490953. During the verification process, Mr. Smith reviewed the prescription label against the scanned prescription image in the pharmacy computer system. He discovered that the initial fill for Rx #490953, sold to R.K.'s husband on March 28, 2015, contained *amitriptyline 100 mg. tablets*, rather than the *amitriptyline 10 mg. tablets* as prescribed.

VI.

Mr. Smith contacted R.K. and Dr. Johnson's office to report the error.

VII.

R.K. ingested twenty-nine (29) of the wrong medication before the error was discovered.

VIII.

R.K. contacted Dr. Johnson on April 22, 2015, prior to her knowledge of the dosage error. She reported to Dr. Johnson that she had been experiencing ill effects since beginning the treatment of amitriptyline.

IX.

Dr. Johnson informed R.K. that amitriptyline 10 mg. is a low dose; 100 mg. is a typical dosage. He did not substantiate the potential for any long term effects from ingestion of the higher dose.

X.

According to pharmacy records, the error originated with pharmaceutical technician Janet Nyeholt (Ms. Nyeholt), who performed the data entry for R.K.'s prescription. During data entry, Ms. Nyeholt inadvertently typed *amitriptyline 100 mg. tablets*, rather than the *amitriptyline 10 mg. tablets* prescribed by R.K.'s physician.

XI.

Pharmaceutical technician T.H. initiated the filling of Rx #490953. She displayed the prescription data on the pharmacy computer screen and retrieved the stock bottle of amitriptyline 100 mg. tablets from the shelf. T.H. verified that the bottle of medication matched the information that Ms. Nyeholt input during data entry. T.H. completed the filling process and staged the product for the pharmacist's verification.

XII.

Mr. Amin performed the final product verification. He reviewed the scanned image of the prescription, however, Mr. Amin did not detect that the prescription bottle contained the wrong strength of amitriptyline. Mr. Amin approved the prescription as accurate and complete and placed the final product in "Will Call" for customer pickup.

XIII.

Mr. Amin indicated to the Board Investigator that during patient consultation, the pharmacist has the opportunity to view the scanned prescription image. The pharmacist typically does not review the image unless there is a question or issue during the counseling. Mr. Amin did not review the scanned prescription and failed to detect the data entry error during counseling.

FIRST CAUSE OF ACTION

XIV.

In failing to strictly follow the instructions of R.K.s' physician by verifying and dispensing a prescription for *amitriptyline 100 mg. tablets*, rather than the *amitriptyline 10 mg. tablets* prescribed, Mr. Amin violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

XV.

By failing to provide adequate counseling for R.K.s' new prescription, Mr. Amin violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

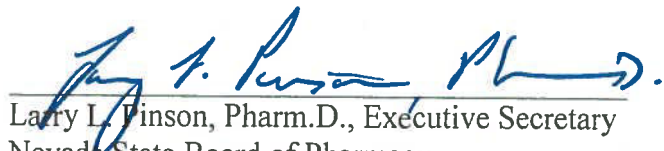
THIRD CAUSE OF ACTION

XVI.

As the pharmacy in which the violations alleged above occurred, Sav-On is responsible for the actions of its employee, Hitesh Amin, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

Therefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 19th day of August, 2015.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 15-035-PH-S
)	
Petitioner,	)	STATEMENT TO THE
v.	)	RESPONDENT NOTICE
	)	OF INTENDED ACTION
SAV-ON #6093	)	AND ACCUSATION
Certificate of Registration No. PH01263,	)	RIGHT TO HEARING
)	
Respondent.	/	

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

I.

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

II.

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


III.

The Board has reserved Wednesday, October 14, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 19th day of August, 2015.


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

FILED

SEP 11 2015

**NEVADA STATE BOARD
OF PHARMACY**

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SAV-ON #6093

Certificate of Registration No. PH01263

Respondent.

ANSWER AND NOTICE OF DEFENSE

CASE NO. 15-035-PH-S

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

1. That its objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against it is hereby interposed on the following grounds:

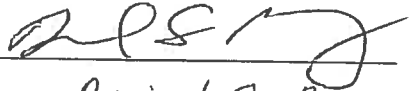
None

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

Respondent did not knowingly permit, allow or condone the actions of Hitesh Amin, RPh. Respondent has in place the policies, procedures, and training that, if followed, would have prevented the mistake alleged in the complaint. (See attached policy excerpt, with specific attention to the highlighted provisions on pages 73 and 75). Respondent provides these policies, procedures, and training to all pharmacists, including Hitesh Amin. These policies establish that Respondent did not permit, allow or condone the actions of Hitesh Amin.

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 September, 2015.

By 
Name Danielle S. Day
Title V.P. Litigation & Regulatory Compliance

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

HITESH AMIN, RPH.

Certificate of Registration No. 122279

Respondent.

ANSWER AND NOTICE OF DEFENSE

CASE NO. 15-035-RPH-S

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

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him is hereby interposed on the following grounds:


None.

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

Respondent admits the facts as alleged in the Notice of Intended Action and Accusation.

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

DATED this 16th day of September, 2015.

 HITESH H. AMIN

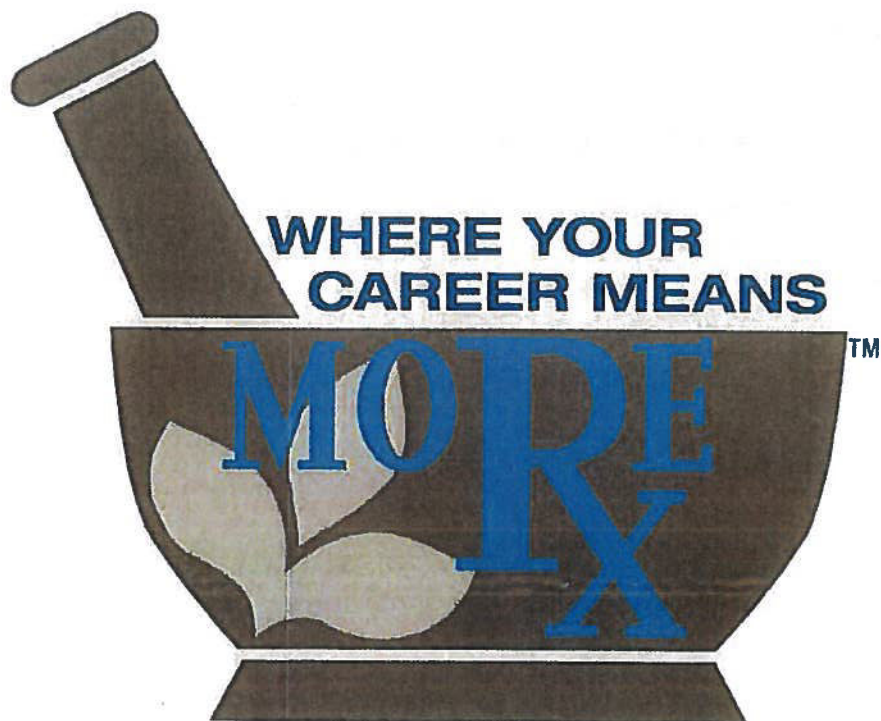
HITESH AMIN, R.PH.



Retail Pharmacy ARx Policies and Procedures



These Policies and Procedures govern the retail pharmacy operations of Albertson's LLC and New Albertson's, Inc., as adopted and approved by the Pharmacy Compliance Committee, and pursuant to the services agreements between the two companies. These policies are effective as of the date indicated and may be modified or amended at any time, upon Pharmacy Compliance Committee approval.



RETAIL PHARMACY POLICIES AND PROCEDURES



=====

For other patients, document the refill number, patient name, phone number, and medication on the system downtime log and process all logged prescriptions once the system is restored using normal procedures for prioritizing patient orders.

SECTION C. PHARMACY WORKFLOW STANDARDS

1. In-Window Processing

If staffing allows and as permitted by state law, In-Window functions should be performed by a technician.¹³

Greet the patient (or his/her representative), using his/her name, if known, and maintain a courteous, professional demeanor throughout the interaction.

a. New Prescription Intake

When presented with a new patient or new prescription, the following information should be requested or confirmed while the patient is at the In-Window or on the phone and entered directly into the pharmacy system.

i. Verify the Prescription Information

Before scanning it into the pharmacy system, check the prescription hard copy for all required elements, including:

- Patient name;
- Patient address (if a controlled substance);
- Date of birth (if not already documented, verify with the patient and write on the hard copy);
- Date written;¹⁴
- Medication name, strength, and quantity;
- Sig or directions;
 - If the prescribed directions are "as directed," "take UD," or "UD," clarification must be obtained and must be specific enough to determine the daily dosage and an accurate day's supply.
 - Once clarification is obtained, note the directions/dosage, the name of the person who provided the information, and the date.
- Refill information, as applicable; and
- Prescriber's signature and other required information (e.g., address and DEA/NPI number for controlled substances).

Clarify with the patient, as appropriate, or verify with the prescriber any unclear or missing elements.

¹³ Use the keyboard rather than the mouse or a touch screen to enter information quickly and efficiently. Also using the appropriate patient search criteria (first initial of the patient's first name and the first three (3) letters of the patient's last name and, if searching the central database, the patient's DOB), drug and "sig" speed codes in all data entry windows will also help to speed the process. If the drug speed code is not known, enter the first four letters of the drug name followed by the strength.

¹⁴ A prescription must clearly indicate the date written (including month, day, and year). If the prescription is for a controlled substance, the date written MUST be indicated by the prescriber. A valid prescription must be dated on or prior to the date of dispensing. Post-dated prescriptions must not be accepted.

RETAIL PHARMACY POLICIES AND PROCEDURES



=====

ii. Scan the Prescription Hard Copy

Scan the prescription hard copy into the pharmacy system. After scanning, select the "Full Page" button to review the image quality. Image quality is extremely important. Remember, the pharmacist will conduct a final check from the scanned image. This step must not be omitted.

iii. Complete/Verify the Patient Profile

Search for the patient using the first few letters of the patient's first and last names and/or date of birth. When searching the central database, use the patient's date of birth. If the patient is not found, create a new patient profile that includes the following information. For existing patients, verify the current accuracy of the following:

- The patient's full name (verify the correct spelling), home address, preferred telephone number (e.g., home, cell, work), gender, and date of birth;
- Any patient allergies, drug reactions, or existing medical conditions (including pregnancy status);
- The patient's other prescription or OTC medications (including those obtained from other pharmacies or by mail order);
- The prescriber's name and telephone number;
- The patient's preference for a childproof/non-childproof container¹⁵;
- The patient's generic preference, if available;
- The patient's language preference;
- The name of the patient's insurance carrier, if any, (appropriately indicate in the system if the patient has none) or preferred method of payment; and
- If the request is presented by phone, the patient's preferred pick up time.

iv. Enter Order Information

a) Medication

Search for the medication using the first few letters of the drug name followed by the strength to ensure efficiency and accuracy (e.g., Ibu800 will return results for the Ibuprofen 800 mg. tablet).

b) Substitution

Document the appropriate DAW code indicated by the prescriber.

- 0 = generic is ok with patient and prescriber;
- 1 = prescriber has documented on the hard copy that generic is not allowed;
- 2 = patient has requested brand only (Note: This must be documented by the pharmacy on the hard copy prior to scanning.)

The use of any other DAW codes requires approval from the Third Party Help Desk.

¹⁵ With the exception of nitroglycerin, potassium tablets, and oral contraceptives, all prescription products sold by company pharmacies must be packaged in child-resistant safety containers, as required by the Consumer Product Safety Commission, unless otherwise directed by the patient. Regular or long-term patient preferences should be documented at least once per year by adding the "Easy Open Policy Acknowledgment Document" to the documents selected under the patient record.

RETAIL PHARMACY POLICIES AND PROCEDURES



=====

c) Quantity

Enter the quantity prescribed exactly as it appears on the prescription hard copy. The pharmacy system uses exact metric quantity, number of pills or grams/milliliters. The "Dispensed Qty" field will automatically populate with the "Prescribed Qty" entered. Dispensing a larger quantity than written requires prescriber approval.

d) Sig

Enter the Sig/directions using Sig Speed Codes, free text, or selecting one from the "Associated Sigs" grid.

e) Days' Supply

Calculate the days' supply accurately from the hard copy based on the dispensed quantity, not the prescribed quantity. If the calculation results in a fraction, round the days' supply down. Calculating an accurate days' supply is critical to ensuring appropriate third-party billing.

f) Refills

Enter the number of refills.

- For PRN Refills for one year, enter "99."
- For PRN refills for six (6) months, enter 66.
- For PRN refills for three (3) months, enter 33.

g) Prescriber

Search for the prescriber using the first few letters of the first and last names or by the prescriber's DEA or NPI number. The pharmacy associate must choose the correct prescriber and verify the correctness of the NPI and DEA numbers against the imaged hard copy.

Stop on the "Dates" window to verify that all dates and finishing options are accurate.

Stop on the "Payment Options" window to verify that the plan codes are in the correct billing order and to view or add any "Dispensing" or "RPh Notes."

v. Check Data Entry

Stop on the "Final Data Entry Check" window and review all fields on this window before finishing the prescription. If errors are found, select the "Back" button to navigate to the appropriate window(s) to correct.

vi. Finish the Patient Order

Select the "Finish" button to move the prescription to the "Order Details" grid. After doing so, the numbering tag will print. Attach the numbering tag to the back of the prescription hard copy. Hard copies written for controlled substances must be checked and signed by a pharmacist. Once completed, immediately file the hard copy.

After the "Finish" button is selected, the prescription undergoes a DUR screening, prescriber eligibility check, and third-party adjudication. Any issues identified by these processes must be appropriately resolved.

RETAIL PHARMACY POLICIES AND PROCEDURES



=====

b. Prescription Refills/Renewals/Transfers

i. Refill/Renewal/Transfer Intake

When presented with a prescription refill request, scan or manually enter the prescription number into the pharmacy system, verify the patient's name and telephone number, and confirm the desired pick up time. Select the "Finish" button to move to the "Order Details" grid. Check for remaining refills and inform the patient if the prescriber's authorization is needed or if the prescription can be refilled immediately.

Any necessary prescriber authorizations should be handled immediately and the prescriber's office should be notified if the patient is waiting.

- If the prescriber is set up for fax or e-prescribing, the refill authorization will automatically be sent to the prescriber.
- If the prescriber is not set up for fax or e-prescribing, use the "Prescriber Call List" report to contact the prescriber.

ii. Prescriber Refill Authorization

All prescription refills/renewals must be properly authorized by a prescriber or the prescriber's agent and the prescriber's authorization must be consistently, thoroughly, and accurately documented. Verbal and faxed prescription refills/renewals must be given a new prescription number. Appending or adding refills to prescriptions that are exhausted is not acceptable.

Prescription renewals transmitted via the E-Prescribing network will be managed by the system as follows when the response is received from the prescriber:

- If approved, the prescription will be automatically rewritten and passed on to the Fill Station.
- If denied, the prescription will appear in the "Technician Intervention Queue" and will indicate a status of "E-Rx Refill Denied." In this instance, the customer must be contacted and advised.

a) *Verbal Authorization*

When obtaining verbal authorization for a prescription renewal or refill, the following information must be documented:

- The identity of the person providing authorization (e.g., the name of the nurse or other associate in the prescriber's office if not provided directly by the prescriber);
- The date;
- The number of authorized refills; and
- The initials of the pharmacist receiving authorization.

b) *Fax Authorization*

When refill authorizations are provided by fax, the entire faxed authorization document must be retained in the hard copy file along with the rewrite document. The identity of the person granting authorization must be confirmed. The faxed authorization document must be scanned into the system as an additional page of the hard copy as part of the rewrite process.

RETAIL PHARMACY POLICIES AND PROCEDURES



c) Refill Limitations

Prescription refill limitations are dictated by prescriber's instructions and laws governing controlled and non-controlled prescription items. Pharmacists must be familiar with their state's refill limitation laws. Federal law provides as follows:

i) Non-controlled Legend Drugs

Non-controlled legend drugs may be refilled up to one year as authorized by the prescriber.

ii) Controlled Substances – Schedule II

Schedule II controlled substances are not refillable.

iii) Controlled Substances – Schedule III – V

Except where more restrictive state laws apply, Schedule III through V controlled substances are refillable up to five (5) times within six (6) months as authorized by the prescriber.

Every prescription over one (1) year beyond its issue date must have prescriber authorization for renewal.¹⁶ If authorized, the prescription must be assigned a new prescription number and in every other respect must be treated as a new prescription.

c. Closing Patient Orders

When all prescriptions in the patient's order have been processed, select the "Close Order" button to enter the pickup information. Selection of the appropriate pick up type is very important and determines the Fill Station sorting priority, as follows:

- **STAT:** Patient is in the store waiting for the prescription.
- **WAITING:** Prescriber called, faxed, or e-prescribed the prescription.
- **WILL CALL:** A time has been designated to pick up the prescription.
- **DELIVERY:** Prescription will be delivered.
- **MAIL:** Prescription will be mailed.

If necessary enter an order note. The "Order Note" is the only type of note that prints and is the preferred type of note for communications.

Any prescription orders requested by the patient should be processed and the prescription order closed while the patient remains at the In-Window or on the phone.

As a final step, access the "Fill Station Work Queue" to evaluate the workload and give the patient an accurate wait time. Thank the patient using his/her name. Return to the "In-Window Work Queue" to evaluate any issues that need to be resolved or prescriptions that need to be processed manually. This window should always be open at the In-Window.

¹⁶ This one (1) year expiration is established by company policy and applies even in states with less-restrictive standards.

RETAIL PHARMACY POLICIES AND PROCEDURES



=====

d. Generic Substitution

To facilitate the drug product selection process when the physician and patient agree to the dispensing of a generic product, the pharmacy system assists the pharmacist by automatically linking branded products to their FDA-approved generic alternatives. Generics are linked to brand products if identical generic ingredients are in both drugs, regardless of federal therapeutic ratings. The generic will be of like dosage form, route of administration, and similar release of medication (e.g., enteric coated or sugar coated). These links serve only as a reminder and a reference for determining which products are available as lower cost alternatives to brand products. They do not indicate company or state approval of a product's substitution in any given situation, but products are listed in the order of warehouse availability or company-preferred generic.

i. FDA Orange Book

Although the FDA Orange Book is the established standard for many states, many brands and generics are not rated for bioavailability. Whether or not rated, drugs with an ANDA or NDA number are considered approved by the FDA for distribution and may be considered in the drug product selection process. Please refer to the FDA Orange Book or product letters.

ii. Non-Formulary Substitutions

In states that have adopted formularies, when filling a prescription for a non-AB rated or non-formulary drug:

- ✓ Contact the doctor;
- ✓ Request permission to substitute XXX drug by XXX manufacturer; and
- ✓ If authorization is given:
 - Void the prescription originally issued;
 - Manually rewrite the prescription hard copy for the alternative product;
 - Process the prescription as a new, phoned-in prescription; and
 - File as usual; or
- ✓ If authorization is NOT given, indicate, "Do not substitute" (in the manner required by your state's laws) on the original hard copy and file as indicated.

e. Drug Utilization Review

The automated DUR screening system is a valuable technological advancement developed to aid our pharmacists in the proper filling of a prescription. However, it is not a substitute for the pharmacist's personal review of every DUR issue. Proper handling of DUR issues is vitally important, not only for the health of the patient, but also to preserve the patient/pharmacist/prescriber relationship. Pharmacists must review the DUR issues and make appropriate assessments prior to dispensing every prescription. All prescriptions flagged in the "Pharmacist Intervention Queue" require evaluation, documentation, and biometric authentication by a pharmacist.

A comprehensive DUR screening can only be performed if the patient's record has complete information on allergies and medical conditions. The pharmacy system assists the pharmacist in providing conscientious pharmaceutical care by automatically checking for:

- Drug to drug interactions,
- Drug to allergy warnings,
- Drug to medical condition alerts,

RETAIL PHARMACY POLICIES AND PROCEDURES



=====

- Drug-age precautions,
- Drug-pregnancy/lactation precautions,
- Drug overlaps,
- Dosage ranges, and
- Drug side-effect warnings.

i. Accessing the Pharmacist Intervention Queue

Step 1. A DUR screening is initiated in the pharmacy system by accessing the pharmacist intervention queue, as follows:

- ✓ Select the "QA Station" button from the "Launch Toolbar" location; then
- ✓ Select the "QA Work Queue" icon to call up the "Quality Assurance Work Queue";

The pharmacist intervention queue will appear in the lower half of the window.

ii. Drug Utilization Review and Resolution

Step 2. Once a prescription is selected from the pharmacist intervention queue, the "Drug Utilization Review Resolution" window will display. This window contains information to assist the pharmacist in evaluating and resolving the DUR issues. Information available includes:

- General patient and prescriber information,
- "Allergies and Medical Conditions" grid,
- "Drug Notes,"
- An "Interactions and Overlaps" grid,
- An interactors tab,
- A "Monograph" tab: For drug-to-drug interactions only, the monograph is available and contains additional information about the interaction such as:
 - Mechanism of action
 - Clinical effects
 - Predisposing factors
 - Patient management
 - Discussion
 - References
- A "Patient Rx History" tab (defaults to the past 6 months),
- A "Script Image" tab,
- A "Notes" tab (must be reviewed whenever the tab appears in blue),
- A "Pricing Info" tab (must be reviewed to ensure appropriate billing to third-party plans); and
- The "Prescription Record Window" is displayed when the "Rx Record" button is selected.

iii. Documenting the DUR Resolution

Step 3. From the "Drug Utilization Review Resolution" window, the pharmacist must document the DUR resolution based on a complete evaluation and utilizing professional judgment, as follows:

- ✓ Select the interaction to be resolved from the interactions grid,

RETAIL PHARMACY POLICIES AND PROCEDURES



- ✓ Select the drop-down arrow in the resolution list box,
- ✓ Select the appropriate resolution from the drop-down list, and
- ✓ Enter a resolution note.

Repeat these steps until all yellow highlighted interactions listed in the interactions grid have been resolved. Then select the "OK" button and complete the required biometric authentication by touching a registered finger to the biometric authentication device. Once completed, the prescription will then either adjudicate to "Third Party Online Processing" or advance to the "Fill Station Work Queue" with a "Ready for Fill" status.

Interactions highlighted in gray do not require resolution documentation; however, they must still be evaluated by a pharmacist to ensure quality pharmaceutical care.

iv. DUR Screening Limitations

The automated DUR screening system has the following limitations that a pharmacist must take into consideration:

- With the exception of compounded products, drugs added at store level will not be screened for interactions.
- A message "MANUAL DUR REQUIRED" on the quality assurance window will alert the pharmacist that such prescriptions exist on a patient's Rx history and must be manually checked by the pharmacist. A prescription with a "MANUAL DUR REQUIRED" warning will not move to the pharmacist intervention queue for resolution. Instead, it will advance through the workflow stations for evaluation by the pharmacist at the QA station.
- Only new, on hold, or rewritten prescriptions are screened for interactions against those prescriptions existing in a patient's prescription history. Prescription refills are not screened as this process would have occurred on the initial fill.
- Inactive prescriptions will also not be included in DUR screenings.

2. Fill Station Processing

If staffing allows and as permitted by state law, Fill Station duties should be performed by a technician.

Prescriptions in the "RPh Intervention Queue" cannot be filled and passed to "Will Call" until a pharmacist has evaluated them.

a. Product Selection

From the "Fill Station" window, select the order prescriptions from the electronic queue, which are sequenced according to filling priority. Prescriptions in the same order are filled all together. Pull the manufacturer stock bottle(s)/product needed to fill the entire order. Each prescription must be filled individually. If the order is large, print a pick ticket to assist in product retrieval.

b. Product Verification

Scan the barcode of a stock bottle.

- When using medication from more than one stock bottle, scan each stock bottle.
- If state law requires, enter the product lot number and/or expiration date.
- If the barcode is missing or does not scan, manually enter the NDC number for the product.

RETAIL PHARMACY POLICIES AND PROCEDURES



=====

Important Note: Selecting the entire NDC number from the product database that EXACTLY matches the product dispensed is essential to ensure that accurate dispense quantities are generated; proper billing is submitted to third-party programs, including any federal- or state-regulated program; and precise verification of the prescription and its contents is possible. When processing a prescription, the entire NDC number indicating the product and the package size that is used to fill the prescription must be selected from the product database. For example, if a prescription for ZOLOFT 100 mg. tablets #30 is dispensed from the manufacturer's stock bottle of 30, the following NDC number must be selected: 00049-4910-30. If the same prescription is dispensed from the manufacturer's stock bottle of 100, the following NDC number must be selected: 00049-4910-41.

- If the barcode of the medication stock bottle matches the dispensed drug, the prescription will be highlighted, a vial label will print, the status will be updated to "Scan Verified," and the medication (pill) image will be displayed.
- Open the stock bottle(s) and visually verify the medication in the stock bottle(s) with the image displayed.
- Verify the "On-Hand Qty" in the computer is the same as the quantity on the shelf. Maintaining accurate on-hand quantities is critical for several pharmacy processes.

Important Note: If the stock bottle, the NDC, and the label bar code do not match, a warning message will display and a label will not print. In this event, visually verify that the NDC on the Fill Station window matches the NDC of the stock bottle. If the NDC is correct, try rescanning the product bar code. If there is a problem with the bar code or if the product does not have a bar code, select the "Manual Verify" button and type in the NDC number. If the NDC is incorrect, pull the correct medication with the NDC that matches the one on the prescription label (if stocked) and re-scan the prescription. If this particular NDC is not stocked in the pharmacy but an alternate NDC is stocked, select the "Change NDC" button to call up the "Drug Record Search" window. Select the appropriate drug in the "Search Results" grid. Confirm that the NDC number has changed and then re-scan the stock bottle. If necessary, add an Order Note to inform the patient of any change in pill color or appearance.

c. Product Preparation

Count or pour the medication (using the Kirby Lester or other counting devices, when possible) and affix the printed label to the vial or bottle, being careful not to cover up or bend the barcode on the label.

- ❖ **Tip:** Attention to small details such as selecting the appropriately sized container for the medication, using labels that are clean—not smeared, and the proper placement of the prescription label will ensure that the final product projects a professional image.

d. Check the Notes

Check all "Notes" grids. Only the order notes will print. If other types of notes ("Disp," "RPh," "Drug") were added, they must be visually checked. Notes may also be added, as necessary.

e. Basket the Order

Place the filled and labeled prescriptions in the basket. Return the stock bottle(s) to the shelf except as follows.

Important Note: Include the manufacturer stock bottles in the basket for liquids and drugs that do not have a pill image displayed in the pharmacy application. This is required by most states and will assist the pharmacist in verifying that the medication is correct.

RETAIL PHARMACY POLICIES AND PROCEDURES



f. Pass the Order

Repeat these steps for any other prescription(s) in the order. Once completed, select the "Pass Order" button and stage the basket for the pharmacist to audit at the QA Station.

- Use clips on the baskets to designate STAT prescriptions. These baskets should also be moved ahead of prescriptions for patients not waiting in the store.
- Do not "overfill" and stockpile the counter with filled prescriptions. This can cause unnecessary clutter and disorganization, may compromise prescription accuracy, and makes it much more difficult to find specific prescriptions when needed. A good rule of thumb is no more than 10 to 15 prescriptions on the counter at a time.

3. QA Station Processing

The QA Station must be staffed by a pharmacist. Prescriptions that are ready to be audited are staged by the associate at the Fill Station and should be completed in the order staged.

a. Initiating the Audit

Scan the vial label barcode to launch the QA window. The "Order Doc" will print. Review the Order Doc and react to any order notes that might have been entered. Highlight or circle any notes to alert the Out-Window associate. Information in the "Patient Rx History" tab must also be referenced as necessary to conduct a thorough review.

b. Accuracy Checks

Determine if the prescription is new or a refill. For new prescriptions, a full-page image of the prescription hard copy automatically opens and the word "NEW" appears highlighted in red in the upper right corner of the window. For a refill prescription, select the "Full Page" button to bring up the hard copy image, as needed.

Compare the hard copy image to the vial label. Verify all label information against the hard copy, including patient, drug, quantity and days' supply, directions, prescriber, refill information, and date written. Physically hold the prescription vial near the screen to facilitate easier data entry verification. If the scanned image of the hard copy is not legible, select the "Fail" button, pull the hard copy, and rescan.

Verify the accuracy of the prescriber information, including the NPI and DEA numbers, and the prescription billing information.

c. Review of Clinical and Therapeutic Appropriateness

Review the patient's drug therapy regimen(s), considering all information available, to assess the appropriateness of medications and doses. Identify any drug therapy problems and work with the prescriber and/or the patient (as appropriate) to resolve those problems.

d. Completing the Audit

A complete audit also includes verification of the contents of the bottle against the pill image or description on the screen.

Once the audit is completed and the prescription approved for dispensing, the pharmacist must select the "Pass Rx" button and biometrically authenticate the entry. Repeat these steps for any remaining prescriptions in the order.

RETAIL PHARMACY POLICIES AND PROCEDURES



=====

A pharmacist must immediately place the audited order with the "Order Doc" in the clear bag and file alphabetically by the patient's last name in the Will Call area.¹⁷ Once all order prescriptions have successfully passed the pharmacist's review, the order will advance to the Out-Window work queue.

4. Out-Window Dispensing

To increase efficiency and ensure pharmacist availability for patient counseling, a pharmacist should be stationed near the Out-Window.

a. Prescription Pick Up

When a person arrives to pick up a prescription, greet the patient (or his/her representative) by name, if known, and maintain a courteous, professional demeanor throughout the interaction. Ask the following open-ended questions to help to ensure appropriate dispensing:

- What is your (the patient's) name?
- What is your (the patient's) address?
- What is your (the patient's) telephone number?
- What is your (the patient's) date of birth?
- How many prescriptions are you picking up today?

Search the Out-Window work queue by the patient's name to determine where in the pharmacy the prescription(s) are located.

i. Retrieving Prescriptions from Will Call

Retrieve the prescription(s) from the Will Call area. **Important:** If the person picking up the prescription(s) is not the patient and the number of prescriptions ready for the patient does not match the number indicated by the patient's representative (or if they are uncertain about how many they should pick up), additional measures must be taken to ensure patient privacy. Either contact the patient for verification or, alternatively, ask the representative to identify the names or types of medications he/she was asked to pick up and dispense only those matching the description provided.

Check the information provided against the patient name on both the order document and the prescription vial label. From the vial label, verify the patient's name and address. From the Order Doc, verify the patient's phone number and date of birth.

ii. Dispense Order Review

Scan a prescription vial to call up the "Dispense Order" window. This will update the scan status from "N" to "Y" for this prescription.

From the "Prescriptions in Order" grid, verify the patient's date of birth.

Review the "Related Prescriptions" grid and, in a HIPAA compliant manner, determine if any additional prescriptions should be added to the order. If confirmed, move the additional prescriptions into the order and retrieve the prescriptions from the Will Call area. Each patient's date of birth and address must be verified from

¹⁷ This must be performed by a pharmacist to be considered a "sterile order."

RETAIL PHARMACY POLICIES AND PROCEDURES



=====

the Order Doc and/or vial for every prescription dispensed, regardless of whether a new or refilled prescription. Out-Window scan all remaining prescription vial bar codes in the order.¹⁸

Review the "Order Doc" for any notes that should be communicated to the patient. Review the "Payment" field and verify appropriate billing with the patient, if present.

iii. Acceptance/Refusal of Counsel

If a prescription is highlighted in yellow in the Dispense Order window, the pharmacist must provide counseling on the prescription. On all other prescriptions, a friendly offer of counseling should be provided in the manner required by law. If the patient refuses counseling, highlight the prescription in the "Prescriptions in Order" grid, then select the "Rx Counsel Rejected" button. The "Order Counsel Rejected" button may also be selected to mark the whole order as "Counsel Rejected." In states requiring documentation of an offer to counsel, biometric authentication by a pharmacist is required.

b. Patient Counseling

Personal interaction between the pharmacist and the patient is an essential element in providing quality pharmacy care. This pharmacist-patient relationship must be initiated through counseling on all new prescriptions and nurtured through offers of counseling on all refilled prescriptions. When counseling, the pharmacist should access the hard copy image of the prescription in the "Counseling Information" window and conduct a final review against the prepared medication, review the patient's record, discuss the medication with the patient or caregiver, and open and show the contents of the container as a final audit for accuracy prior to dispensing.

i. Offers of Counseling

Recommended pharmacy workflow processes positions the pharmacist near the Out-Window for final audit, verification, and patient counseling. If a pharmacist is not near the Out-Window, the technician must alert the pharmacist when a patient is ready to pick up a new prescription.

For prescription refills, a technician may offer pharmacist counseling if permitted by state law by asking one of the following questions:

- Do you have any questions for the pharmacist?
- Would you like the pharmacist to explain your medication?
- Do you have any questions about your medication?

An offer of pharmacist counseling must also be included with all mailed or delivered prescriptions.

ii. Effective Counseling

Effective counseling often uses interactive dialogue to confirm the patient's understanding of the prescribed drug and its appropriate use. Suggestions for initiating these conversations include:

- For new prescriptions or if changes are made to the dosage form, strength, or medication directions:
 - What did the prescriber tell you this medication is used for?
 - How often did the prescriber tell you this medication should be used/taken?

¹⁸ Out-Window scanning automatically updates the system to indicate the prescription was picked up, eliminates the exception release for billing, prevents inadvertent billing of third-party plans for prescriptions not picked up, and facilitates management of the "OOD Report."

RETAIL PHARMACY POLICIES AND PROCEDURES



=====

- What results or side effects did the prescriber tell you to expect?
- For refilled prescriptions:
 - Is this medication effectively treating your condition?
 - How often do you take it?
 - Are you experiencing any problems as a result of taking this medication?

Additional elements of patient counseling should, as appropriate, include:

- The name and description of the drug;
- The dosage form, dose, route of administration, and duration of drug therapy;
- The intended use of the drug and expected outcome (accessing the drug information available in the system as needed);
- Any special directions or precautions for preparation, administration, or use;
- Any common severe side effects, adverse effects or interactions, and therapeutic contraindications that may occur, including how to avoid them and appropriate action if they occur;
- Techniques for self-monitoring of drug therapy;
- Proper product storage;
- Prescription refill information;
- Instruction in the event of a missed dose; and
- Any additional comments or instructions relevant to the particular patient or therapy prescribed.

c. Finalizing the Transaction

Select the "Capture Signature" button, and the prescription receipt and, if a new prescription, a monograph will print. Other paperwork that may automatically print and should be appropriately reviewed with the patient includes:

- The company's Notice of Privacy Practices ("NPP") (for new patients only);
- Any MedGuides required by federal law;
- CarePoints (documents selected to print based on patient specific information);
- Medicare Part B Supplier Standards (new Medicare B patients only);
- Medicare Part B Advanced Beneficiary Notice (certain Medicare B patients only);

Ask the patient (or representative) to:

- Acknowledge receipt of the prescription(s) and an offer of counseling and verify the validity of the insurance billing by signing the signature capture device in the Signature Capture frame; and
- Select the "Finish" button.

After the patient selects the "Finish" button, the "Dispense" button becomes active on the "Dispense Order" window and should be selected to finish dispensing the order. In states requiring documentation of an offer to counsel, the pharmacist must provide biometric authentication to confirm that the patient accepted or rejected counseling.

Blank

AUG 20 2015

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 15-049-RPH-S
	)	15-049-PH-S
Petitioner,)	
v.)	
	)	NOTICE OF INTENDED ACTION
DOUGLAS CAMMANN, R.PH.	)	AND ACCUSATION
Certificate of Registration No. 13340)	
)	
ANAZAOHEALTH CORPORATION)	
Certificate of Registration No. PHC01471)	
)	
Respondents.)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Douglas Cammann (Mr. Cammann), Certificate of Registration No. 13340, was a registered pharmacist with the Board, and Respondent AnazaoHealth Corporation (Anazao), Certificate of Registration No. PHC01471, was a pharmacy registered with the Board.

II.

On July 17, 2015, Board Staff served intern pharmacist Sung Lee with a Cease and Desist Order and Citation for the Unlawful Practice of Pharmacy.

III.

Ms. Lee is a student at Texas Tech University Health Sciences Center School of Pharmacy. On or about July 6, 2015, Board Staff became aware that Ms. Lee completed a pharmacy rotation at AnazaoHealth Corporation in Las Vegas, Nevada.

IV.

Ms. Lee worked as an intern pharmacist at Anazao without a Nevada intern registration

during the period of May 26, 2014 to July 3, 2014.

V.

At Board Staff's request, Mr. Cammann, the managing pharmacist at Anazao, provided Ms. Lee's work records. From the records provided, Board Staff ascertained that Ms. Lee worked approximately two-hundred and forty (240) hours, or approximately thirty (30) days, without a valid registration.

FIRST CAUSE OF ACTION

VI.

As managing pharmacist for the pharmacy in which Ms. Lee worked without a current intern pharmacist registration, Douglas Cammann violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255, as well as NAC 639.955.


SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Lee worked without a current intern pharmacist registration, AnazaoHealth Corporation is responsible for violations of NRS 639.220(1) and NAC 639.945(1)(i), (j) and/or (2), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), or alternatively, under NRS 639.255, as well as NAC 639.955.

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

Signed this 20th day of August, 2015.


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.

DOUGLAS CAMMANN, R.PH.
Certificate of Registration No. 13340

Respondent

) **CASE NO. 15-049-RPH-S**
)
)
) **STATEMENT TO THE RESPONDENT**
) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**
) **RIGHT TO HEARING**
)
)
)

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

I.

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

II.

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

III.

The Board has reserved Wednesday, October 14, 2015, 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 20th day of August, 2015.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-049-RPH-S
)	
Petitioner,)	
v.	)	ANSWER AND
	)	NOTICE OF DEFENSE
DOUGLAS CAMMANN, R.PH.)	
Certificate of Registration No. 13340)	
)	
Respondent	/	

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

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

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

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

DATED this _____ day of _____, 2015.

DOUGLAS CAMMANN, R.PH.

Blank

AUG 20 2015

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 15-049-RPH-S
	)	15-049-PH-S
Petitioner,)	
v.)	
	)	NOTICE OF INTENDED ACTION
DOUGLAS CAMMANN, R.PH.	)	AND ACCUSATION
Certificate of Registration No. 13340)	
)	
ANAZAOHEALTH CORPORATION)	
Certificate of Registration No. PHC01471)	
)	
Respondents.)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Douglas Cammann (Mr. Cammann), Certificate of Registration No. 13340, was a registered pharmacist with the Board, and Respondent AnazaoHealth Corporation (Anazao), Certificate of Registration No. PHC01471, was a pharmacy registered with the Board.

II.

On July 17, 2015, Board Staff served intern pharmacist Sung Lee with a Cease and Desist Order and Citation for the Unlawful Practice of Pharmacy.

III.

Ms. Lee is a student at Texas Tech University Health Sciences Center School of Pharmacy. On or about July 6, 2015, Board Staff became aware that Ms. Lee completed a pharmacy rotation at AnazaoHealth Corporation in Las Vegas, Nevada.

IV.

Ms. Lee worked as an intern pharmacist at Anazao without a Nevada intern registration

during the period of May 26, 2014 to July 3, 2014.

V.

At Board Staff's request, Mr. Cammann, the managing pharmacist at Anazao, provided Ms. Lee's work records. From the records provided, Board Staff ascertained that Ms. Lee worked approximately two-hundred and forty (240) hours, or approximately thirty (30) days, without a valid registration.

FIRST CAUSE OF ACTION

VI.

As managing pharmacist for the pharmacy in which Ms. Lee worked without a current intern pharmacist registration, Douglas Cammann violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255, as well as NAC 639.955.


SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Lee worked without a current intern pharmacist registration, AnazaoHealth Corporation is responsible for violations of NRS 639.220(1) and NAC 639.945(1)(i), (j) and/or (2), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), or alternatively, under NRS 639.255, as well as NAC 639.955.

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

Signed this 20th day of August, 2015.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-049-PH-S
)	
Petitioner,)	
v.	)	STATEMENT TO THE RESPONDENT
	)	NOTICE OF INTENDED ACTION
ANAZAOHEALTH CORPORATION	)	AND ACCUSATION
Certificate of Registration No. PHC01471	)	RIGHT TO HEARING
)	
Respondent	/	

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

I.

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

II.

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

III.

The Board has reserved Wednesday, October 14, 2015, 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 20th day of August, 2015.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-049-PH-S
)	
Petitioner,)	
v.	)	ANSWER AND
	)	NOTICE OF DEFENSE
ANAZAOHEALTH CORPORATION)	
Certificate of Registration No. PHC01471)	
)	
Respondent	/	

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

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

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

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

DATED this _____ day of _____, 2015.

Print or Type name

For ANAZAOHEALTH CORPORATION

Blank

AUG 20 2015

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-050-PT-S
)	
Petitioner,)	
v.)	
	)	NOTICE OF INTENDED ACTION
SHANELLE GAYLES, PT	)	AND ACCUSATION
Certificate of Registration No. PT12421,)	
)	
Respondent.	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Shanelle Gayles, PT (Ms. Gayles), Certificate of Registration No. PT12421, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about June 26, 2015, Board Staff received notification from a CVS Regulatory Affairs Director indicating that CVS terminated Ms. Gayles from her employment as a pharmaceutical technician at CVS Pharmacy #08800. CVS terminated Ms. Gayles' employment for filling fraudulent prescriptions for a controlled substance, phentermine, and diverting the controlled substance.

III.

On or about May 2015, CVS received information through the CVS Ethics line regarding the fraudulent prescriptions. Ms. Gayles' former boyfriend, who was the recipient of the phentermine, provided the information.

IV.

CVS conducted an investigation and learned that the fraudulent activity occurred in 2012.

V.

In a written statement, Ms. Gayles indicated that her former boyfriend called in the prescriptions to her at the pharmacy. She admitted to filling two fraudulent prescriptions for

phentermine 37.5 mg. for thirty (30) tablets each in 2012.

FIRST CAUSE OF ACTION

VI.

In filling a fraudulent prescription for a controlled substance, namely phentermine, without a prescription or authorization from a practitioner, Shanelle Gayles violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.336(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.


SECOND CAUSE OF ACTION

VII.

By diverting controlled substances, namely phentermine, Shanelle Gayles violated NRS 453.331(1)(d), NRS 453.336(1) and/or NRS 453.338(1), as well as NAC 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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

Signed this 20th day of August, 2015.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-050-PT-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
SHANELLE GAYLES, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT12421	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.)	
	/	

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (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.

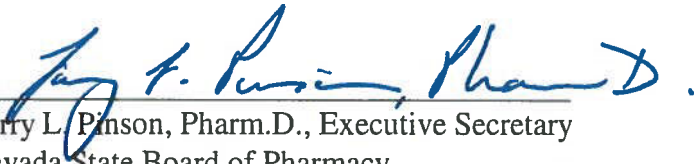
III.

The Board has reserved Wednesday, October 14, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 20th day of August, 2015.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-050-PT-S
)	
Petitioner,)	
v.)	
)	
SHANELLE GAYLES, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT12421	)	OF DEFENSE
)	
Respondent.)	
	/	

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

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

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

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

DATED this ____ day of _____, 2015.

SHANELLE GAYLES, PT

JUN 17 2015

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LINCHI LE, RPH,

Certificate of Registration No. 17469

ERIC VAN METER, RPH,

Certificate of Registration No. 17356

VON'S PHARMACY #2615,

Certificate of Registration No. PH02102

Respondents.

) CASE NO. 15-022-RPH-A-S

) 15-022-RPH-B-S

) 15-022-PH-S

) NOTICE OF INTENDED ACTION
) AND ACCUSATION

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because, at the time of the alleged events, Respondent Linchi Le (Ms. Le) was a pharmacist licensed by the Board, Respondent Eric Van Meter (Mr. Van Meter) was a pharmacist licensed by the Board, and Respondent Von's Pharmacy #2615 (Von's) was a pharmacy licensed by the Board.

II.

On or about April 10, 2015, customer Corey Johnson (Ms. Johnson) filed a complaint with the Board Office alleging that on multiple occasions, Von's pharmacist Linchi Le failed to offer and/or provide counseling for new prescriptions for Ms. Johnson and members of her family, including:

1. PRESCRIPTION NO. 6102214 – EPIPEN JR 0.15 MG. INJECTABLE SOLUTION

III.

On January 6, 2015, Ms. Johnson's two-year-old son E.J. suffered a severe allergic reaction. He received treatment at the St. Rose Dominican Hospital Emergency Department, which released

him with written prescriptions for (i) prednisolone 15 mg./5 ml. oral syrup, (ii) EpiPen JR 0.15 mg. injectable solution and (iii) ranitidine 15 mg./ml. syrup.

IV.

E.J.'s father (Mr. Johnson) tendered the prescriptions to Von's that evening. Von's dispensed the prednisolone medication to Mr. Johnson and counseled him regarding its use as required.

V.

Von's had to order the ranitidine syrup and EpiPen JR in order to fill E.J.'s prescription, both of which were scheduled to arrive at the pharmacy the following day.

VI.

On January 7, 2015, Ms. Johnson went to Von's to pick up the EpiPen JR, the ranitidine syrup and an additional prescription for amoxicillin that E.J.'s physician was supposed to have phoned in.

VII.

The amoxicillin prescription had not come in by the time Ms. Johnson arrived. To expedite the process, pharmaceutical technician Pamela Walters (Ms. Walters) and Ms. Johnson each telephoned the physician's office, which phoned in the amoxicillin prescription approximately five minutes later.

VIII.

Upon receipt of the amoxicillin prescription, Ms. Walters informed Ms. Johnson that it would take up to twenty minutes to process. Rather than wait, Ms. Johnson asked Ms. Walters to sell her the medication that was ready—the EpiPen JR—and informed her that she was leaving.

IX.

Ms. Walters sold Ms. Johnson the EpiPen JR, but failed to provide counseling.

X.

During the Board's investigation, Ms. Walters claimed in a written statement that Ms. Johnson said her son was not feeling well and that she just wanted to go home. Ms. Walters observed Ms. Le counseling another patient and did not want to further agitate Ms. Johnson by making her wait for counseling.

XI.

Despite clear evidence that counseling did not occur, Von's records for prescription No. 6102214 indicate that counseling was accepted. Ms. Johnson and pharmaceutical technician Walters signed the electronic signature box indicating that Ms. Johnson received the medication and was counseled. The initials of "PSW" (Ms. Walters) appear on the prescription detail screen in the "Counseling Initials" field. However, another *pharmaceutical technician's* initials appear in the "RPh" field. The initials "SNR", belong to *pharmaceutical technician* Stephanie Revero.

2. **PRESCRIPTION NO. 6105950 – FLUTICASONE 50 MCG**

XII.

On April 3, 2015, Mr. Johnson picked up his own prescription (No. 6105950) from Von's. Mr. Johnson signed the electronic signature pad verifying receipt of his medication.

XIII.

In a written statement, Ms. Walters claims that when Mr. Johnson signed for his medication, she asked him to wait for the pharmacist to provide counseling. Mr. Johnson purportedly said that he did not need counseling because his wife is a pharmacist. Ms. Le, the pharmacist on duty at the time, has no recollection of Ms. Walters alerting her that counseling was needed for that new prescription.

XIV.

Despite Mr. Johnson's decision to decline counseling, the pharmacy system Transaction List Detail for prescription No. 6105950 indicates that counseling was accepted. However, the electronic signature page contains only Mr. Johnson's signature verifying that he received the medication. There is no pharmacist signature or initials confirming that counseling occurred.

XV.

Just like on the prescription detail screen for the previous EpiPen JR prescription, the prescription detail screen for the Fluticasone has the initials "PSW" (Ms. Walters) recorded in the "Counseling Initials" field. The initials SN1, which also belong to *pharmaceutical technician* Stephanie Revero, appear in the "RPh" field.

XVI.

During the Board's investigation, the Investigator learned that before it will continue to the next screen, Von's computer system requires a pharmacist to type his/her initials into the "Counseling Initials" field at the time the customer picks up each new or refilled prescription. However, in many instances, the *pharmaceutical technician* on duty inputs his/her initials in order to advance to the next screen without forcing the pharmacist to go to the pickup counter and enter his/her initials for each prescription.

XVII.

Additionally, the electronic signature pad (SIG CAP PAD) used by Von's computer system is designed to capture, store and retrieve each customer's signature, the counseling pharmacist's signature or initials and the customer's counseling preferences electronically. Von's policy requires both the customer and the counseling pharmacist to sign on the same screen verifying that the customer picked up the medication and that the pharmacists provided counseling. However, customers frequently press the "DONE" button on the SIG CAP PAD screen before the counseling pharmacist has counseled and/or signed the screen. When the "DONE" button is pressed, the system by default automatically creates a record indicating that counseling was "Accepted".

XVIII.

Von's utilizes a three character user code in the computer system to identify the individual who performed each step of the prescription process. Von's pharmacists and pharmaceutical technicians have multiple user codes containing a combination of initials and/or numbers. Each pharmacist and technician utilizes a unique user code specific to the individual they are scheduled to work with and/or assisted in the prescription process.

XIX.

Based on the findings in the above investigation, the Board Investigator requested prescription detail documentation of prescriptions filled for other patients. The Board Investigator discovered several other prescriptions processed as described above.

XX.

The Board Investigator reviewed prescription detail screens for prescription numbers 6101610, 6102643 and 6102688 filled and verified by pharmacist Eric Van Meter. Mr. Van Meter is the managing pharmacist at Von's #2615.

XXI.

Pharmaceutical technician initials are recorded in both the "RPh" field and the "Counseling Initials" field for prescription numbers 6101610 and 6102688. Pharmaceutical technician initials are recorded in the "RPh" field for prescription number 6102643.

XXII.

Notably, the issue described above regarding Von's computer system is identical in a similar 2012 case brought by the Board against Von's Pharmacy #2395. *See* Case No. 12-025-PH-S.

XXIII.

Von's resolved that 2012 case by entering into a Stipulation and Order (Order) with the Board dated October 16, 2013. In that Order, the Board imposed a fine and administrative fee upon Von's Pharmacy #2395 for failing to comply with Nevada's patient consultation requirements.

XXIV.

In association with that Stipulation and Order, Burt Bates, Von's Regional Pharmacy Manager, appeared at the Board's October 16, 2013 meeting to address the counseling issue. Mr. Bates informed the Board that Von's had retrained its Nevada pharmacy staff on proper counseling procedures as required by Nevada law. Mr. Bates also indicated that Von's would be upgrading its pharmacy computer system in early 2014, with upgrades to resolve the counseling issues. Those upgrades never occurred.

FIRST CAUSE OF ACTION

(Prescription No. 6102214 – EpiPen Jr 0.15 Mg. Injectable Solution)

XXV.

In failing to provide counseling on E.J.'s new prescription for EpiPen JR, Respondent Linchi Le violated Nevada Revised Statute (NRS) 639.266(1) and Nevada Administrative Code (NAC)

639.707(1) and (2), as well as NAC 639.945(1)(i). Those violations are each grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

SECOND CAUSE OF ACTION
(Prescription No. 6105950 – Fluticasone 50 Mcg)

XXVI.

In failing to provide counseling on Mr. Johnson's new prescription for Fluticasone 50 mcg., Respondent Linchi Le violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i). Those violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

THIRD CAUSE OF ACTION

XXVII.

As a managing pharmacist who knew of and allowed the foregoing violations, or any one of them, to occur in his pharmacy, Eric Van Meter violated NRS 639.210(15) which is grounds for action pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

FOURTH CAUSE OF ACTION

XXVIII.

As the pharmacy in which the violations alleged above occurred, Von's is statutorily responsible for the actions of pharmacists Linchi Le and Eric Van Meter, as alleged herein, pursuant to NAC 639.945(m) and/or (2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), NRS 639.255 and/or NRS 639.230(5).

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

Signed this 17th day of June, 2015.



J. David Wuest, R.Ph.

Deputy Executive Secretary for and on behalf of
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.

LINCHI LE, RPH

Certificate of Registration No. 17469

Respondent.

) **STATEMENT TO THE RESPONDENT**

) **NOTICE OF INTENDED ACTION**

) **AND ACCUSATION**

) **RIGHT TO HEARING**

)

) **CASE NO. 15-022-RPH-A-S**

)

)

/

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (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.

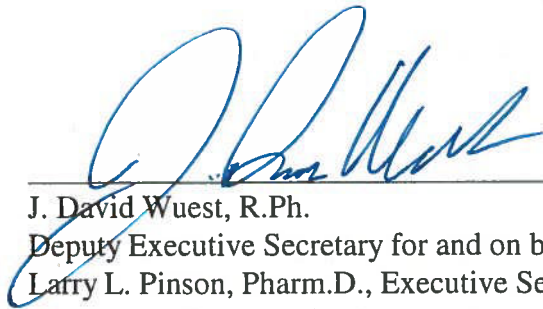
III.

The Board has reserved Wednesday, July 22, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., 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 17th day of June, 2015.



J. David Wuest, R.Ph.
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
LINCHI LE, RPH	)	CASE NO. 15-022-RPH-A-S
Certificate of Registration No. 17469)	
)	
Respondent.)	
	/	

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

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

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

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

DATED this ____ day of June, 2015.

LINCHILE, R.PH.

Blank

FILED

JUL 10 2015

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ERIC VAN METER, RPH.
Certificate of Registration No. 17356

Respondent.

ANSWER AND NOTICE OF DEFENSE

CASE NO. 15-022-RPH-B-S

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

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds:
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Respondent has requested and received an extension to the hearing date to allow him to thoroughly investigate these allegations. At this time, Respondent denies the allegation that he knowing allowed the violations alleged in the complaint to occur.

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 July, 2015.

 7/10/15

ERIC VAN METER, R.PH.

FILED

JUL 10 2015

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

VON'S PHARMACY #2615,
Certificate of Registration No. PH02102

Respondent.

ANSWER AND NOTICE OF DEFENSE

CASE NO. 15-022-PH-S

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

1. That its objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against it, is hereby interposed on the following grounds:

None

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

Respondent has requested and received an extension to the hearing date to allow it to thoroughly investigate these allegations. At this time, Respondent denies the allegations.

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 10 day of July, 2015.

VON'S PHARMACY #2615

By: E. V. M.

Blank

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: Alexso Inc.

Physical Address: 2317 Cotner Avenue 2nd Fl.

Mailing Address: (same)

City: Los Angeles State: CA Zip Code: 90064

Telephone: 480-253-9761 Fax: 888-502-1669

Toll Free Number: 888-495-6078

E-mail: troy@alexso.com Website: www.alexso.com

Facility Manager: Hootan Melamed

Professional qualifications and experience of facility manager: More than 10 years' experience in pharmacies. Attained his Doctorate of Pharmacy in 2003. Supervised patient record keeping, tracked inventory, managed community pharmacies and supervised other pharmacists in compounding and dispensing.

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: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

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 ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	Medisca, Inc., 661 Route 3, Unit C, Plattsburgh, NY 12901
	Name Address
	Contract Manufacturer
	Business
2)	
	Name Address
	Business
3)	
	Name Address
	Business
4)	
	Name Address
	Business

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

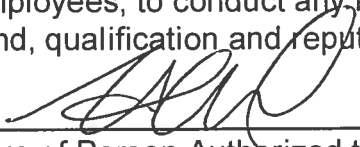
This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners 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 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

Troy Farahmand
Print Name of Authorized Person

3-16-15
Date

Board Use Only

Received: 4/13/15

Amount: \$590.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: None

Corporation Name: Alexso Inc.

Mailing Address: 2317 Cotner Avenue

City: Los Angeles State: CA Zip: 90064

Telephone: 480-253-9761 Fax: 888-502-1669

Contact Person: Troy Farahmand

For any corporation non publicly traded, disclose the following:

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

a)	<u>Hootan Melamed</u>	<u>11756 Wetherby Lane, Los Angeles, CA 90077</u>
	Name	Address
b)	<u>Troy Farahmand</u>	<u>11807 Folkstone Lane, Los Angeles, CA 90077</u>
	Name	Address
c)	<u></u>	<u></u>
	Name	Address
d)	<u></u>	<u></u>
	Name	Address

- 2) Provide the number of shares issued by the corporation. 1000
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 5/1/10
- 5) Provide a copy of the corporation's stock register evidencing the above information

**Attachment to Alexso Inc.'s Application for Out-of-State Wholesaler License
(Nevada State Board of Pharmacy)**

Alexso Inc. Corporate Officers:

Name	Title	% Ownership
Hootan Melamed	President	75%
Troy Farahmand	Vice President	25%

Alexso, Inc. Employees Handling Drugs on Daily Basis

Ernesto Flores, Accounts Liaison, Inventory Management

Shoshana Robello, Accounts Liaison, Inventory Management

**Interest Ownership/Management in any Type of Business or Facility Licensed by
the State of Nevada**

Hootan Melamed is the CEO of Concierge Compounding Pharmaceuticals in
Henderson, NV.

Statement of Explanation - Questions 2 – 3


2. Denial of Pharmacy Permit - Concierge Compounding Pharmaceuticals, Inc.

South Carolina Board of Pharmacy, 8/15/13: application denied (see attached Order)

3. Administrative Actions - Concierge Compounding Pharmaceuticals, Inc.

Oregon Board of Pharmacy, Case No. 2013-0196: civil penalty (see attached Consent
Order)

Texas Board of Pharmacy, Order #L-13-019: one-year suspension and probation fee
(see attached Agreed Board Order)


Hootan Melamed



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

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

February 18, 2015

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: ALEXSO INC

License Type: WHOLESALE

License Number: WLS 6466

Status: ACTIVE

Issue Date: 01/12/15

Expiration Date: 01/01/16

Address of Record: 2317 COTNER AVE LOS ANGELES CA 90064

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in blue ink that reads "Barbera Schleicher". The signature is written in a cursive, flowing style.

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov

Applicant is licensed in 15 states currently.

6. Approximately 80-90% of Applicant's business is out-of-state.
7. Applicant complies with a 3:1 technician to pharmacist ratio.
8. The Nevada Board does a separate compounding inspection on pharmacies.
9. Applicant is undergoing the Pharmacy Compounding Accreditation Board (PCAB) accreditation process.
10. Regarding adjustments in formulas, Applicant testified that they write down any adjustments on the worksheets. Now, Applicant is printing out and taping any adjustments on the worksheets. Their new policy is to make adjustments in the formula. The adjustments are not reflected in the materials as submitted to the Board.
11. Applicant does not think they have shipped products into South Carolina.

CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (1976, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application and to demonstrate that he or she is qualified for the license sought.

After careful consideration, the Board determined that approval of the permit should be denied based on testimony. Under the Pharmacy Practice Act, specifically in S.C. Code Ann. § 40-43-83(H), it states "The Board of Pharmacy may deny or refuse to renew a permit if it determines that the granting or renewing of such permit would not be in the public interest. If an application is refused, the board shall notify the applicant in writing of its decision and the reasons for its decision." Here, the Board finds that it would not be in the public interest because the Board does not believe Applicant has met the standards of pharmacy practice as required by South Carolina law. The Board has serious concerns regarding the accuracy and completeness of the compounded formulas provided in the application. Additionally, in the materials as submitted to the Board, the formulas are not adjusted and do not definitively meet the standards as required by South Carolina; as such, these omissions are not in compliance with the standards for compounding set forth in S.C. Code Ann. §§ 40-43-86(CC) and 40-43-88.

CERTIFIED TRUE COPY

BY: _____

TITLE: _____

2

Amelie
Records Analyst

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY**

In the Matter of:

**Concierge Compounding
Pharmaceuticals,**

Applicant.

ORDER

This matter came before the State Board of Pharmacy ("Board") for hearing on June 19, 2013 as a result of the non-resident pharmacy permit application ("Application") of Concierge Compounding Pharmaceuticals ("Applicant"). Applicant was duly noticed to appear due to a prior criminal action. Sally Chia, Pharmacist-in-Charge, and Hootan Melamed, Permit Holder, appeared on behalf of the Applicant. Applications of this type are governed by S.C. Code Ann. §§40-43-83, 40-43-86, 40-43-89 (1976, as amended), and South Carolina Code of Regulations, Reg. 99-43, as amended.

FINDINGS OF FACT

1. Applicant is located in Henderson, Nevada.
2. Applicant submitted an application for a nonresident pharmacy permit, which application was received on February 21, 2013 ("Application").
3. Applicant's proposed pharmacist-in-charge is Sally Chia ("PIC"). The PIC is licensed in Nevada with license number 18013.
4. Applicant answered "yes" to question 2 on the Application, related to a criminal prosecution. In 1999, Melamed pled guilty to a felony for conspiracy to commit securities fraud for a "pump and dump" scheme in the stock market. This occurred while he was a student in pharmacy school.
5. Applicant garners interest in the business by traveling to trade shows. Once Applicant receives some business in a certain area, Applicant applies in the appropriate state.

CERTIFIED TRUE COPY

BY: _____

TITLE: _____

[Signature]
Records Analyst

THEREFORE, IT IS ORDERED that Applicant's Application is DENIED.
AND IT IS SO ORDERED.

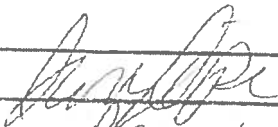
**SOUTH CAROLINA DEPARTMENT OF
LABOR, LICENSING & REGULATION**

STATE BOARD OF PHARMACY


J. ADDISON LIVINGSTON, R.PH. Pharm.D
Chairman of the Board

August 15, 2013.

CERTIFIED TRUE COPY

BY: 
TITLE: Records Analyst

RECEIVED

OCT 14 2013

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

OREGON BOARD OF PHARMACY

In the Matter of) Case No. 2013-0196
)
) CONSENT ORDER
Concierge Compounding Pharmaceuticals, Inc.)
)
Respondent)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Civil Penalty; Answer Required ("Notice") regarding the Respondent in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the Respondent as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the Respondent is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, Respondent acknowledges that the allegations in the Notice, if proven in a contested case proceeding would constitute grounds for imposition of a civil penalty as described herein; and

WHEREAS, Respondent does not admit or deny any wrongdoing and any liability with respect to the allegations in the Notice, and Respondent enters into this Agreement for the purpose of resolving this matter in order to avoid further litigation expenses and avoid the unpredictability inherent in litigation; and

WHEREAS, the Respondent consents to the civil penalty as set forth herein;

The Board finds that the allegations in the Notice are true and hereby imposes the following civil penalty:

1. The Respondent shall pay a civil penalty to the Board in the amount of \$10,000 with \$3,000 of the civil penalty to be paid within ten (10) days from the effective date of this Consent Order. The remaining \$7,000 civil penalty is stayed for two (2) years and will be waived after the expiration of this two (2) year period, so long as Respondent does not commit any licensing violations of a similar kind to those alleged in the Notice within this two (2) year period. The aforementioned two (2) year period commences on the effective date of this Consent Order.

47
48 2. This Consent Order shall become effective immediately upon issuance by the
49 Board.
50

51 3. In the event that the Respondent fails to timely pay the civil penalty as ordered
52 herein, the Board may take further action, after notice and hearing.
53

54
55 CONSENT

56 I hereby acknowledge that I am the authorized representative of Respondent. On behalf
57 of the Respondent, I further certify that I have read and understand the Notice and this Consent
58 Order and am aware of the right to a hearing with the assistance of counsel and the right to
59 judicial review of the Board's final order. On behalf of the Respondent I agree to the Board
60 entering the Consent Order.
61

62
63
64 _____
65 Authorized Representative
66 Concierge Compounding Pharmaceuticals, Inc.
67 Respondent
68
69
70

10/9/13

Date

71 IT IS SO ORDERED.
72
73

74 BOARD OF PHARMACY
75 FOR THE STATE OF OREGON
76

77
78 _____
79 Gary Miner, R.Ph.,
80 Compliance Director
81

10/15/13

Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of

) Case No. 2013-0196

)
)
)
) Concierge Compounding Pharmaceuticals, Inc.

) NOTICE OF PROPOSED
) CIVIL PENALTY;
) ANSWER REQUIRED

)
) Respondent
)
)

Under the authority granted to the Oregon Board of Pharmacy (Board) pursuant to ORS Chapter 689 (the Oregon Pharmacy Act), including ORS 689.135, 689.145, 689.155 and 689.832(1), the Oregon Board of Pharmacy proposes to impose a civil penalty against Concierge Compounding Pharmaceuticals, Inc. located at 1887 Whitney Mesa Dr in Henderson, NV (Respondent) because Respondent violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

Respondent engaged in the distribution of drugs into Oregon without registering with the Oregon Board of Pharmacy as a drug outlet in violation of ORS 689.305, and ORS 689.335 which is grounds for imposition of a civil penalty pursuant to ORS 689.832(1), 689.335(1), 689.405(1)(e)(B), and 689.445.

Based on these alleged violations, the Board proposes to impose a civil penalty in an amount of \$10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers: Consequences of Failure to Answer 855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

Date

8/15/13

DATE OF MAILING via email 8-16-2013

AGREED BOARD ORDER #L-13-019

RE: IN THE MATTER OF
CONCIERGE COMPOUNDING
PHARMACEUTICALS, INC.
(APPLICANT FOR TEXAS
PHARMACY LICENSE)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of the Application for Pharmacy License submitted by Concierge Compounding Pharmaceuticals, Inc. ("Applicant"), 1887 Whitney Mesa Dr., Henderson, Nevada 89014.

By letter dated July 2, 2013, the Board gave preliminary notice to Applicant of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Applicant may have violated:

Section 565.002(b)(2) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3,
Subtitle J (2011), in that allegedly:

COUNT

On or about January 19, 2001, Hootan Melamed (corporate president of Concierge Compounding Pharmaceuticals, Inc.) was convicted of the felony offense of Conspiracy to Commit Securities Fraud in Case No. CR00-7-GAF-2, in the United States District Court for the Central District of California. The action was based on evidence that Mr. Melamed and others artificially inflated the share prices of a company by posting false information on the Internet, after which the conspirators sold their shares for a profit of \$211,250. The trial court sentenced Mr. Melamed to 10 months prison followed by 3 years probation and ordered him to pay restitution.

An informal conference was held in the Board's office on July 10, 2013, with Hootan Melamed, Corporate President of Applicant, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Caroline K. Hotchkiss, Staff Attorney, serving as General Counsel. Tyler P. Vance, Staff Attorney, was also in attendance.

At the aforementioned conference, Hootan Melamed, Corporate President of Applicant, waived the right to be represented by legal counsel. By signing this Order, Hootan Melamed, Corporate President of Applicant, neither admits nor denies the truth of the matters previously

set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

- (1) Applicant shall be granted a Texas Pharmacy License after successfully completing the requirements of licensure as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2011) and the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2013).
- (2) Applicant's license shall be suspended for a period of one (1) year, with such period to commence upon issuance of the license. Such suspension shall be probated under the conditions that Applicant abide by the terms of this Order, and shall not violate any pharmacy or drug statute or rule of this state, another state, or the United States with respect to pharmacy, controlled substances, and dangerous drugs.
- (3) Applicant shall pay a probation fee of one thousand two hundred dollars (\$1,200) due ninety (90) days after the entry of this Order.
- (4) Applicant shall be responsible for all costs relating to compliance with the requirements of this Order.
- (5) Applicant shall allow Board staff to directly contact Applicant on any matter regarding the enforcement of this Order.
- (6) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2011), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2013).

Agreed Board Order #L-13-019
Concierge Compounding Pharmaceuticals, Inc.
Page 3

And it is so ORDERED.

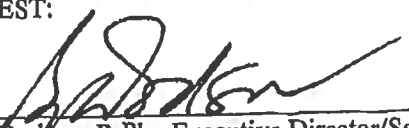
THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of August, 2013.



MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:



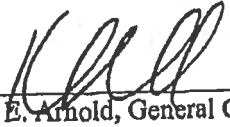
Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Hootan Melamed, Corporate President of Concierge Compounding Pharmaceuticals, Inc.

APPROVED AS TO FORM:



Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 100269111

Application/License No. _____

ALEXSO, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2317 Cotner Avenue, Los Angeles, CA 90064, as
Address of Applicant/Principal
PRINCIPAL, and American Contractors Indemnity Company, a
Surety Company
corporation organized under the laws of the state of California
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
601 S. Figueroa St., Suite 1600, Los Angeles, CA 90017 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 2/19/2015.

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
19th day of February, 2015.

APPLICANT/PRINCIPAL



Authorized Representative

SURETY



Surety Company's Representative

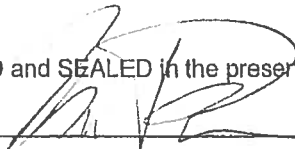


JEFF AASE

print name

, Attorney-in-fact

SIGNED and SEALED in the presence of:



Witness

Witness



Witness

Witness

SIGNED and SEALED in the presence of:



Witness

Witness



Witness

Witness

Countersigned by:



Nevada Resident Agent

William Joseph Mingram - License#217681

.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy - Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2011 to October 31, 2015

Cashier's Check or Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)
\$590.00 (postmarked after 10/31/2013 but BEFORE August 2015)

LICENSE #: 10751

DAVID MOLL

15425 SE RHINE ST
PORTLAND, OR 97236

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do **NOT** staple)
4. Mail **original** form and payment to address above
5. **NO COPIES ACCEPTED**
6. **NO SIGNATURE STAMPS ACCEPTED**



Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) 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?.....☒ Yes ☐ No
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....☐ Yes ☒ No
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....☒ Yes ☐ No
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....☐ Yes ☒ No

If you marked **YES** to any of the numbered questions (1-3) above, please include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:
	SOR	Oct 2013	2012-0401
Criminal Action:	State	Date:	Case #:
	CA	April 2015	5352
		County	Court

Section 2: Yes No

- 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 that court order?.....☐ Yes ☐ No

Section 3:

By signing below, you certify that you have completed ALL required CE Hours due for the 11/15 Renewal period.
(Dated from Nov. 1, 09 – Oct. 31, 13, 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

30

Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS

1. Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: _____ Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired? Yes ☒ No ☐ Branch: Commissioned Core

Military occupation/specialty: Pharmacist/Amb Care Dates of service: Nov 1991-92

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true 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 understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: David Moll PharmD RPL

Date: 8.16.15

15425 SE Rhine St
Portland, OR 97236

August 6, 2015

Lisa J. Hedaria, Director of Finance/Technology
Nevada State Board of Pharmacy
431 W Plumb Ln
Reno, NV 89509

Re: David Moll RPh – Lic 10751

Dear Lisa:

I am writing to follow up on our phone conversation from August 4th regarding my current licensing circumstances that would affect my licensure in Nevada. I am enclosing several documents that I have accumulated since my situation become an issue.

1. The Signed Oregon Consent Order (October 2013 for 3 years)
2. My attorney's letter to California State Board of Pharmacy (June 2015) (they want to revoke my license for the Oregon discipline)
3. My counselor's reference letter stating compliance with ongoing therapy requirement
4. The HPSP program (a part of Reliant Behavioral Health) – statement of compliance from agreement monitor, as stipulated
5. Certification of Achievement (Completion) of the Portland Dialectical Behavioral Therapy program as stipulated

HISTORY

Thank you for the opportunity to explain my side of this awkward, painful, and unfortunate situation. I have not worked in pharmacy since I closed my business (as required); I believe this result stems from the current oversupply of pharmacists as well as the presence of the consent order on my license. Essentially from what I can gather, no one wants to deal with board paperwork when they have numerous candidates to choose from (despite my 24 years experience).

The Oregon Board of Pharmacy's consent order mentioned several 'sharp' terms that were part of my fit-for duty assessment that they ordered in 2012. I simply told the truth when asked questions by the counselor about such things as depression and suicide leading up to what turned out to be a personality disorder. Yes, I had suicidal thoughts but never had a plan. I was on high dose (60mg) fluoxetine, 300mg of bupropion, and 150mg of lamotrigine; my brain was speedily running like an out-of-control pottery wheel. I had prn 0.5mg lorazepam available which I only used occasionally for anxiety outbreaks. To get right to the cause, I was clearly overworking but could not stop enough for health breaks.

The reasons for that are multi-fold. First, my business could not sustain hiring a relief pharmacist at market wages because of the nature of insurance reimbursement and unpredictable cash flow. Back in 2012, the cost of generic drugs started rising out of sight, and the PBMs did not keep their databases up

to date for reimbursement purposes. So the number of prescriptions that were underpaid rose relatively quickly as prices were increasing literally overnight.

Two, this stress on the business spread to my employees and me, inappropriately but rightly so, expressing verbal 'pains' that the business was being financially stifled by forces beyond my control. This negative energy then trickled down to patient care so that aspect of the business declined as well, putting more added stress on me. I was making careless errors on prescriptions that I'd normally not commit; fortunately, none were harmful to any patients. In essence, I was spiraling down with the business because of these forces and the lack of adequate breaks.

I feel that I have been disciplined for 'working too hard'. If I were working for someone else, I don't think I would be let go for going over and above call of duty, nor would I be working so many hours per week. I had a total of 9 days break in 10 years, broken up into 3 sets of 3 days each. I was not open on weekends, but went in 2-3 weekends a month to conduct inventories or finish projects. I could not expand the business with immunizations, despite my employees wanting to participate, because I was unable to complete my part of the expansion plan. Again, my 'pottery wheel' speeding brain just could not handle being overwhelmed.

THE BOARD PROCESSES

The board ordered me to get a 'fit for duty' assessment which was completed in October of 2012. I told the counselor exactly what was going on, and the board proceeded to put these issues, quoted directly from his report, on the initial accusation document. Since I have gotten the therapy and it took over 2 years to get my mental health back, I am happily the person I was before opening the business. However, now I am living with the consent order and its consequences.

The various terms utilized in the consent order stating I had 'impaired judgment, symptoms of suicidal ideation, difficulty in concentration and focus, anxiety and difficulty in problem solving' all were as a result of what was happening with me in my central nervous system. I liken it to an 'electrical short circuit in my brain'. Given that, I'd like to specifically write a few words on each.

Impaired Judgment: There is an incident on my record that was reported that I left the pharmacy unattended with a pharmacist. On that day, I was asked to take an unused empty card fixture to my care in the parking lot a few paces away because it was in the way of foot traffic in our work area. I proceeded to fulfill the request and was gone but 2-3 minutes. The technician was out front checking out a customer and apparently needed me for something, and when I was not there, picked up the phone and called the board to report me (because I had not said something to her first).

Looking back on it, that was an error in judgment on my part; again, I felt the mental issues created the havoc. I should have told the technician I was leaving for 2 minutes and locked the pharmacy section for that time. But since I knew I would not be gone long (it takes longer to use the restroom, but that's inside the building on the same floor, but not at the pharmacy itself). I figured it would not be much of a problem.

Suicidal Ideation: Running this pharmacy became very stressful over time. I worked 60 hour weeks with no regular relief due to economic circumstances. I had to juggle many things with dispensing rx's and running the business, and it caused me to feel overwhelmed. At times, it became mentally very painful

and thus I expressed that pain in the form of suicidal thoughts, but never had any plan or intent to go through with it.

Difficulty in concentration or focus: I made prescription errors, would really move fast and should have been more deliberate in the filling process. Because I always had multiple things going, I would start one task, be pulled away for some reason, and then start another task, and all of a sudden forget that I had not finished the first one. Then I'd drop that one to finish the first. Now I always complete tasks fully before starting the next one.

Anxiety and difficulty problem solving: This is pretty much the same as #3. I would have trouble solving problems that my solutions could not be made deliberately and this in and of itself caused ME anxiety. All of this I felt was due to overworking.

I had grave concern that this consent order would prevent me from gaining employment, including with Safeway who bought out my pharmacy files. Although they verbally promised to try to find a slot, it never matriculated into anything. I can only gather that the consent order played at least some role in the lack of acknowledgement. I had worked in Safeway's stores several years before I started the business, but that obviously had no influence. I currently remain unemployed as a pharmacist today.


CONCLUSION

Since my pharmacy closed, my mental health is back to normal. I have my fiancé to thank for that, as she helped me recuperate for a good 6 months to get me back to feeling like my old self. I spent that time catching up on long lost sleep, and trying to get back to better nutrition. I miss not being able to practice as I know I have missed out on a lot of new medications, drug classes, and changing practice trends that I would love to participate in.

I respectfully request the Board to keep my license clear. I have enclosed the required renewal fee of \$590 to keep my ability available to practice in Nevada or reciprocate to another state if my future career path should require. As you will see from reviewing the enclosed documents, I have gone through quite a bit of 'rehabilitation' to feel normal again and know my limitations.

I would like to thank you for very much for your utmost consideration and time in this matter.

Respectfully,



David Moll, PharmD, RPh
503-760-4725

Dan LaRue, P.C.

*Attorney at Law
5323 SW Alfred
Portland, OR 97219*

Phone: (503) 299-6444

Email: larue@ipns.com

June 29, 2015

Jeffrey M. Phillips
Deputy Attorney General
1300 I Street, Suite 125
PO Box 944255
Sacramento, CA 94244-2550

RE: DAVID MOLL SENT BY REGULAR MAIL AND EMAIL
CASE #: 5352

Dear Mr. Phillips:

Pursuant to our recent telephone conference, I am writing the "mitigation" letter on behalf of David Moll. I understand that the California Pharmacy Board has brought this action based upon David's "probationary agreement" with the State of Oregon Pharmacy Board. Therefore, I'd like to first give you some of the facts surrounding the Oregon matter.

David owned his own pharmacy for about 10 years. When the economy dived in approximately 2009, and because of increased competition, David's pharmacy became increasingly in financial crisis. In 2012, it was clear that the pharmacy would have to be sold, or it would become bankrupt. These years were a period of great stress on both David and his staff, but particularly stressful for David. By 2012, the pharmacy could barely be kept open, and he could not afford to hire replacement pharmacists. By that time, the stress had affected David greatly.

In December of 2012, the Oregon Pharmacy Board filed a notice of proposed action against David. In September, 2013, a Consent Order was entered into. It is very important to note that David's license is, and has always, been valid. The Oregon board **did not** suspend David's license. He continues to have an active license.

The following is a summary of the Consent Order and of David's compliance with it:

1. Sell of Close Pharmacy. David ceased pharmacy operation on November 13, 2013.
- 2 (a). Enter Board designated Treatment Program. David received professional evaluations and continues to be in compliance with this requirement. (a letter from his monitor is enclosed)
- 2 (b). Continue Treatment with Mental Health Practitioner. David has continued therapy with

Jennifer Duncan, LPC since October, 2013. Her report is enclosed.

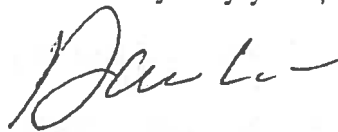
- 2 (c). Shall submit mental health reports. David is in full compliance with this requirement. The report from RBH is enclosed.
- 2 (d). Shall Complete Treatment with Portland Dialectical Behavior Therapy. This requirement has been completed. A copy of the certification of completion is enclosed.
- 2 (e). David did not renew his preceptor license.
- 2 (f). David has not been employed as a pharmacist-in-charge or pharmacy manager.
- 2 (g). David has not worked more than 48 hours per week.
- 2 (h). All prospective employers have been notified of the Consent Order.
- 2 (i). All prospective employers have been notified of the Order.
- 2 (j). David has reported all/any citations and/or violations to the Board.
- 2 (k). David has complied with any and all laws regarding pharmacy practice.

David is, and has been, in full compliance with his Consent Order. Based upon positive input from his therapist, he now sees Ms. Duncan once per month. As David says: "I have worked on myself in therapy and away from the stresses of daily life, owning a pharmacy and overworking".

As stated, the Oregon Pharmacy Board never suspended or took David's license. He is now able and ready to practice pharmacy. I am asking that the California Pharmacy Board give David credit for the good work that he's done in complying with the Oregon Consent Order. I'm also asking the California Pharmacy Board to adopt Oregon's plan and give comity to Oregon's jurisdiction of David.

Please advise if I can provide you with anything further on this matter.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Dan LaRue", with a stylized flourish at the end.

DAN LaRUE

DL:pr

RECEIVED

SEP 25 2013

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2012-0401
Pharmacist License of)
DAVID G. MOLL) CONSENT ORDER
Licensee)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits, for the purposes of entering into this consent order, that the facts alleged in the above-noted Notice are true, that the licensee's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 and 689.490 for disciplinary action by the Board; and

WHEREAS, the licensee voluntarily consents to the conditions as set forth herein;

The Board finds that the allegations in the Notice are true and hereby imposes the following sanctions:

1. The licensee shall sell all interest in, or close, Gresham Professional Pharmacy within nine (9) calendar months from the date this order is signed by the Board. Licensee may request in writing an extension to the nine month deadline to facilitate in the sale of the Gresham Professional Pharmacy. Licensee shall not purchase nor manage any pharmacy without receiving written approval of the Board.

2. The licensee consents to the following terms and conditions for a period of three (3) years from the date this order is signed by the Board:

a. Licensee shall enter into a Board designated treatment program for three (3) years, must abide by, and complete all conditions of the treatment program. Licensee's three year treatment program may be extended upon recommendation of the program administration and with approval of the Board. Documentation of completion of the designated program to be sent to the Board.

b. Licensee shall continue treatment with his current mental health practitioner.

- 48 c. Licensee shall submit a quarterly report from licensee's mental health
49 practitioner, to the Board office by certified mail (or other method approved by
50 the Board in writing) and retain receipt of verification of delivery to the Board
51 office for the first year. First quarterly report shall be due within 30 days after the
52 date this order becomes final, and 15 days before the beginning of each quarter.
53 Quarters start on the first of February, May, August, and November. After the
54 first year, licensee is to submit reports semi-annually, with due 15 days before
55 the beginning of February and August. Reports are considered late if not
56 received by the end of business on the first day of these months.
- 57 d. Licensee shall complete treatment with Portland Dialectical Behavior Therapy
58 Institute and follow after treatment recommendations. Upon completion of
59 treatment, licensee is to send documentation of completion along with Portland
60 Dialectical Behavior Therapy Institute's recommendations.
- 61 e. Licensee may not register with the Board to be a preceptor. Licensee shall deliver
62 their preceptor registration, if any, to the Board within ten (10) calendar days of
63 the effective date of this order.
- 64 f. Licensee may not be employed as a pharmacist-in-charge (PIC) or pharmacy
65 manager.
- 66 g. Licensee shall not work more than 48 hours per week, and shall not work more
67 than 80 hours in a two week period. Petitions for any modifications of this will
68 be allowed after two years from the date this Order becomes final. All petitions
69 must be submitted and approved in writing.
- 70 h. During the three (3) year period, the licensee shall, as soon as reasonably
71 practical, provide all present and prospective pharmacy related employers and
72 any pharmacists-in-charge of the licensee with a copy of the Notice and the final
73 order in this matter and have the PIC and management acknowledge to the Board
74 in writing, on a form supplied by the Board, that the PIC and management have
75 received a copy of both the Notice and the Order. Submission of said form is due
76 upon the following conditions:
- 77 A. Beginning of the three year period covered by this order;
78 B. Change of employment;
79 C. Change in Pharmacist-in-Charge or management; and
80 D. Annually on January 1.
- 81 Licensee shall submit said written acknowledgement to the Board office by
82 certified mail (or other method approved by the Board in writing) within 15
83 calendar days and retain receipt of verification of delivery to the Board office.
- 84 i. If licensee works for, or is employed by or through a pharmacy service, licensee
85 must notify the direct supervisor, Pharmacist-In-Charge and owner at every
86 pharmacy of the terms and conditions of licensee's consent order in advance of
87 the licensee commencing work at each pharmacy. "Employment" within the
88 meaning of this provision shall include any full-time, part time, temporary or
89 relief work, whether or not the licensee is considered an employee or
90 independent contractor. Verification of compliance with this sanction is the same
91 as the proceeding sanction.
- 92 j. The licensee must report all citations, arrests or convictions to the Board Office
93 in writing within three (3) business days from the date of occurrence with a copy
94 of citation, police report, and court documents. Licensee shall submit said

95 information to the Board office by certified mail (or other method approved by
96 the Board in writing) and retain receipt of verification of delivery to the Board
97 office.

98 k. Licensee must comply with all laws and rules regarding pharmacy practice.
99

100 3. Failure of the licensee to comply with any requirement of the order in this matter is
101 grounds for revocation or any other form of discipline or sanction authorized by law.
102

103
104 CONSENT

105
106 I hereby acknowledge that I have read and understand the above-noted Notice with Notice
107 of Rights and the terms of the Consent Order. I agree to the Board entering the Consent Order.
108

109
110 _____
111 David G. Moll
112 Licensee (License No. RPH-0008305)
113

114
115
116
117
118
119
120
121
122
123
124
Date 9/24/13

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

122 Gary Miner, R.Ph.,
123 Compliance Director
124

Date 10/4/13

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 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: CORY Middle: HERMAN Last: M^CGUINN-PARKS

Mailing Address: 200 SANCHEZ Rd NW

City: Albuquerque State: NM Zip Code: 87107

Telephone: E-mail Address:

Date of Birth: Place of Birth: HOFFMAN ESTATES, IL

Social Security Number Sex: ☒ M or ☐ F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: NM Date of Issuance: 07/09/2014

College of Pharmacy Information

Graduation Date: 05/16/14
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: UNM COLLEGE OF PHARMACY

Location of School: ALBUQUERQUE, NM

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: Amount: \$330.00 Entity #:

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?
_____	_____	Yes <input 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					
<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 type="checkbox"/>...<input checked="" type="checkbox"/></p> <p>1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....<input checked="" type="checkbox"/>...<input type="checkbox"/></p> <p>2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....<input type="checkbox"/>...<input checked="" 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 YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:</p>					
Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court
	NM	05/22/2002	1:01CR01139-002JC	BERNALILLO	U.S. DISTRICT COURT, DISTRICT OF NEW MEXICO

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

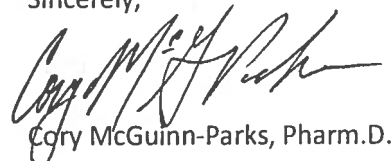
September 9, 2015

Nevada Board of Pharmacy,

I am submitting this statement of explanation in regards to my felony conviction as part of my application for Pharmacist licensure via reciprocity.

On May 22, 2002, in US District Court, District of New Mexico, I was convicted of "Distribution of Less Than Five Grams of Cocaine Base" (21 USC 841(b)(1)(C)). The conviction arose from the sale of 2.0 grams of cocaine base on December 12, 2000, by me to a DEA agent. I was sentenced to 41 months imprisonment and a 3 year term of supervised release, case number 1:01CR01139-002JC. I began serving my sentence in July of 2002. I was released from the Federal Bureau of Prisons' custody on January 3, 2005. During my imprisonment, I attended every program, class, and group possible to make the best of the time spent there. I received an 11 month reduction in my sentence for "good time" and the participation and completion of a 500-hour substance abuse treatment program. I began my 3 year term of supervised release on January 3, 2005. I was released early from supervision on April 2, 2007, by request of the probation office because I was "no longer in need of supervision". Since my release in January of 2005, I have received my Pharm. D. from the UNM College of Pharmacy, made the Dean's list at the College of Pharmacy every semester, am a member of the UNM College of Pharmacy's Chapter of the Rho Chi Honor Society, am a member of The University of New Mexico's Chapter of The Honor Society of Phi Kappa Phi, received an Associate of Arts Degree in General Studies from Central New Mexico Community College, a NM General Contractor's License (GB-98), a NM Qualifying Real Estate Broker's license, am the Managing Member of the construction/real estate company I started, CHAMP Enterprises, LLC, and have volunteered my time in countless community events and associations. Documentation of which can be provided upon request.

Sincerely,

A handwritten signature in black ink, appearing to read "Cory McGuinn-Parks", written over a horizontal line.

Cory McGuinn-Parks, Pharm.D.

FILED

UNITED STATES DISTRICT COURT
ALBUQUERQUE, NEW MEXICO

May 23, 2002 16:13

[Handwritten Signature]
CLERK

**US District Court
District of New Mexico
Digital File Stamp**

Case:	01cr01139
Title:	USA v. Griego et al.
Document Type:	Judgment in a Criminal Case
Document Number:	84
Description:	JUDGMENT IN A CRIMINAL CASE by Senior Judge John E. Coaway as to defendant Cory Parks.
Total Pages:	5
Exhibits/Attachment:	0
Court Signature:	32 32 ad 49 d6 cf c9 26 8b b7 cf 2a 3e 71 dd 3f 73 12 43 5b 27 da 00 a0 ca 6f dd ae a1 bd ce 2b 5b a5 f0 77 79 6c 9e 72 db 53 87 5d 43 49 a0 0e 1c c8 26 0e 91 df 1e 1e 81 2e 02 0f 44 35 98 a2

This document constitutes an official stamp of the Court and, if attached to the document identified above, serves as an endorsed copy of the pleading. It may be used in lieu of the Court's mechanical file stamp for the named document only, and misuse will be treated the same as misuse of the Court's official mechanical file stamp. The Court's digital signature is a verifiable mathematical computation unique to the filed document and the Court's private encryption key. This signature assures that any change can be detected.

23-May-02 16:18 page 3 of 7

AO 245B (Rev. 8/98) Sheet 1 - Judgment in a Criminal Case

United States District Court District of New Mexico

UNITED STATES OF AMERICA

JUDGMENT IN A CRIMINAL CASE

v.

CORY PARKS

(For Offenses Committed On or After November 1, 1987)

Case Number: 1:01CR01139-002JC

Defense Attorney: Ray Twibig (Retained)

THE DEFENDANT:

<input type="checkbox"/>	pleaded guilty to count(s) _____
<input type="checkbox"/>	pleaded nolo contendere to count(s) _____ which was accepted by the court.
<input checked="" type="checkbox"/>	was found guilty on count(s) <u>2 of Indictment</u> after a plea of not guilty

ACCORDINGLY, the court has adjudicated that the defendant is guilty of the following offense(s):

<u>Title & Section</u>	<u>Nature of Offense</u>	<u>Date Offense Concluded</u>	<u>Count Number(s)</u>
21 USC 841(b)(1)(C)	Distribution of Less Than Five Grams of Cocaine Base	12-12-00	2

The defendant is sentenced as provided in pages 1 through 4 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☐ The defendant has been found not guilty on count(s) _____

☐ Count(s) _____ dismissed on the motion of the United States.

IT IS FURTHER ORDERED that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid.

Defendant's Soc. Sec. No.: [REDACTED]
 Defendant's Date of Birth: [REDACTED]
 Defendant's USM No.: 18901-051
 Defendant's Residence Address:
200 Sanchez Rd.
Albuquerque, New Mexico 87107

05-23-02
 Date of Imposition of Judgment

/s/ John Edwards Conway
 Signature of Judicial Officer

Honorable John Edwards Conway
Senior United States District Judge
 Name & Title of Judicial Officer

Defendant's Mailing Address (if different from residence):

May 23, 2002
 Date

AO 245B (Rev. 8/93) Sheet 2 - Imprisonment

DEFENDANT: CORY PARKS

Judgment Page 2 of 4

CASE NUMBER: 1:93CR00139-002JC

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of 41 months

☒ The court makes the following recommendations to the Bureau of Prisons:

Service of sentence at a Boot Camp/Intensive Confinement when he becomes eligible. Also, the defendant shall participate in a 500 hour substance abuse treatment program.

☐ The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:

☐ at _____ a.m./p.m. on _____

☐ as notified by the United States Marshal.

☒ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☐ before 2 p.m. on _____

☐ as notified by the United States Marshal.

☒ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____
at _____, with a Certified copy of this judgment.

UNITED STATES MARSHAL

By _____
Deputy U.S. Marshal

AO 245B (Rev. 8/95) Sheet 3 - Supervised Release

Judgment - Page 3 of 4

DEFENDANT: CORY PARISHCASE NUMBER: LSMCR01139-002JC**SUPERVISED RELEASE**Upon release from imprisonment, the defendant shall be on supervised release for a term of 3 years

The defendant shall report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state, or local crime.

The defendant shall not illegally possess a controlled substance.

For offenses committed on or after September 13, 1994:

The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as directed by the probation officer.

☒ The above drug testing condition is suspended based on the court's determination that the defendant poses a low risk of future substance abuse. (Check if applicable.)

☐ The defendant shall not possess a firearm, destructive device, or any other dangerous weapon. (Check, if applicable.)

If this judgment imposes a fine or a restitution obligation, it shall be a condition of probation that the defendant pay any such fine or restitution that remains unpaid at the commencement of the term of supervised release in accordance with the Schedule of Payments set forth in the Criminal Monetary Penalties sheet of this judgment.

The defendant shall comply with the standard conditions that have been adopted by this court (set forth below). The defendant shall also comply with the additional conditions on the attached page (if indicated below).

STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

AO 248B (Rev. 8/98) Sheet 3 - Supervised Release

DEFENDANT: CORY PARKS

Jelmont - Page 1.1 of 4

CASE NUMBER: 1:01CR00139-002JC

SPECIAL CONDITIONS OF SUPERVISION

The defendant shall participate in a program for substance abuse, which may include testing.

The defendant shall participate in and successfully complete an anger management program, at the direction of the United States Probation Office.

AO 245B (Rev. 5/98) Sheet 5, Part A - Criminal Monetary Penalties

DEFENDANT: CORY PARKS

Judgment - Page 4 of 4

CASE NUMBER: 1:01CR01139-002JC**CRIMINAL MONETARY PENALTIES**

The defendant shall pay the following total criminal monetary penalties in accordance with the schedule of payments.

☐ Permitted

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
Totals:	\$ <u>100.00</u>	\$ _____	\$ _____

SCHEDULE OF PAYMENTS

Payments shall be applied in the following order (1) assessment; (2) restitution; (3) fine principal; (4) cost of prosecution; (5) interest; (6) penalties.

Payment of the total fine and other criminal monetary penalties shall be due as follows:

A ☒ in full immediately; orB ☐ \$ _____ immediately, balance due (see special instructions regarding payment of criminal monetary penalties):

The defendant will receive credit for all payments previously made toward any criminal monetary penalties imposed.

Special instructions regarding the payment of criminal monetary penalties

Criminal monetary penalties are to be made payable by cashier's check, bank or postal money order to the U.S. District Court Clerk, 333 Leanos Blvd. NW, Albuquerque, New Mexico 87102 unless otherwise noted by the court. Payments must include defendant's name, current address, case number and type of payment.

Unless the court has expressly ordered otherwise in the special instructions above, if this judgment imposes a period of imprisonment payment of criminal monetary penalties shall be due during the period of imprisonment. All criminal monetary penalty payments, except those payments made through the Bureau of Prisons' Inmate Financial Responsibility Program, are to be made as directed by the court, the probation officer, or the United States attorney.

UNITED STATES DISTRICT COURT
for the
DISTRICT OF NEW MEXICO

FILED
UNITED STATES DISTRICT COURT
ALBUQUERQUE, NEW MEXICO

APR 03 2007

UNITED STATES OF AMERICA

V.

Criminal No. 1:01CR01139-002JC

MATTHEW J. DYKMAN
CLERK

CORY PARKS

On January 3, 2005, the above named was placed on supervised release for a period of three (3) years. He has complied with the rules and regulations of supervised release and is no longer in need of supervision. It is accordingly recommended that Cory Parks be discharged from supervised release.


Respectfully submitted,


JACOB A. GOMEZ
United States Probation Officer

ORDER OF THE COURT

Pursuant to the above report, it is ordered that the defendant is discharged from supervised release and that the proceedings in the case be terminated.

Date this 2d day of April, 2007.


HONORABLE JOHN E. CONWAY
SENIOR UNITED STATES DISTRICT JUDGE



August 24, 2015

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

To whom it may concern:

I am writing this letter in support of Cory McGuinn-Parks' application for a pharmacist license in Nevada. Mr. McGuinn-Parks academic abilities are extremely strong as he has excelled with a 3.78 GPA, a Top 10% class ranking and inclusion on the Dean's List in all 8 semesters of pharmacy school. His academic success was recognized when he was inducted into the Rho Chi Honor Society in 2013. The College of Pharmacy faculty also selected Cory to receive the Merck Academic Excellence Award for the Class of 2014. He is, simply put, one of the strongest students in one of the most academically rigorous programs in the state of New Mexico.

Cory's interests and strengths lie in many different areas. This can be aptly demonstrated from the array of Advanced Pharmacy Practice Experiences (APPEs) that he took during his last year of pharmacy school. In addition to the required APPEs (advanced community, advanced hospital, ambulatory care, and general medicine), Cory also branched out into Association Management, Public Health, Long-term Care, interprofessional Telemedicine (ECHO) and an Outreach/Respite rotation for the homeless community of Albuquerque. These varied experiences will serve Cory well in any pharmacy practice setting in which he is employed. Cory has also received extensive training outside of a normal PharmD curriculum to make himself a well-rounded pharmacist including vaccination training, tobacco cessation prescribing training, and emergency contraception training. On his own time, Cory has also become certified in administering and interpreting the tuberculin skin test and completed the College's 60-hour physical assessment course in order to become a pharmacist clinician. The fact that Cory completed both the physical assessment course and TB training in the week between the end of APPEs and graduation demonstrates his dedication to his patients and the profession of pharmacy.

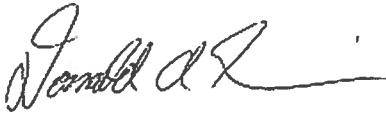
In addition to his academic excellence, Cory has excellent interpersonal and communication skills. The combination of academics and personal characteristics led me to hire Cory as a tutor for the College's Pathway to Pharmacy students. Pathways to Pharmacy is a program where promising students are selected by the College Admissions Committee for a year of further academic training before matriculation into the PharmD program. Once they are in the PharmD curriculum, these students receive specialized tutoring during their first year to help them with the transition from being an undergraduate to being a student pharmacist. I have hired many of these tutors over the years and I can say without reservation that Cory has been the best. He drew rave student reviews and all of the students he tutored will be graduating from the College of Pharmacy in the next year.

University of New Mexico Health Sciences Center
College of Pharmacy
MSC09 5360 ■ 1 University of New Mexico
Albuquerque, NM 87131
(505)-272-0907 ■ FAX (505)-272-8324 ■ dgodwin@salud.unm.edu

In addition to his high academic achievement, Cory also was very involved in the two largest student professional organizations (APhA-ASP and SSHP) where is participated in numerous patient care and education events during the last 4 years. Cory also demonstrated leadership skills in SSHP where is served as Immunization Chair and was able to increase the number of flu vaccination events organized by the College.

In short, I give my highest recommendation to Mr. Cory McGuinn-Parks application for a pharmacist license in Nevada. I hope you give him full consideration. If you have any questions, please do not hesitate to contact me at (505) 272-0907 or by email dgodwin@salud.unm.edu

Sincerely,

A handwritten signature in black ink, appearing to read "Donald A. Godwin", with a stylized flourish at the end.

Donald A. Godwin, Ph.D.

Executive Associate Dean for Education

Associate Professor of Pharmaceutics



nabp

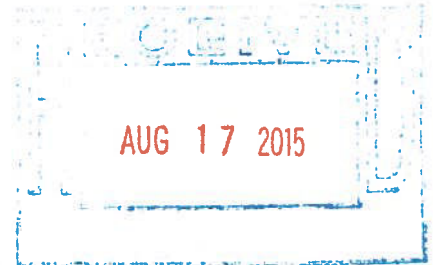
National Association of Boards of Pharmacy

1600 Feehanville Drive • Mount Prospect, IL 60056-6014

Tel: 847/391-4406 • Fax: 847/391-4502

Web Site: www.nabp.net

August 13, 2015



Nevada State Board of Pharmacy
Executive Secretary Larry L Pinson
431 W Plumb Ln
Reno NV 89509

RE: Cory H McGuinn-Parks - Licensure Transfer Application
Social Security Number – XXX-XX-4001
NABP Number – 264581 e-Profile 629142

The above applicant is filing an official application for licensure transfer with your state board of pharmacy.

Pursuant to the Electronic Licensure Transfer Program[®] (e-LTP[™]) verification process, disciplinary information was obtained and is enclosed for your review.

If you have any questions, please do not hesitate to contact me at 847/391-4400, or via email at jkalas@nabp.net.

Cordially,

Jeanne Kalas
Licensure Programs Assistant II

DISCIPLINARY AND ADMINISTRATIVE 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 JURISDICTION AS TO THE 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

Cory H McGuinn-Parks

Reporting Entity: New Mexico Board of Pharmacy

Transaction Type: Initial Report

Date of Action: 03/15/2010

Action	Basis for Action
- 1147 - Limitation or Restriction on License	- 19 - Criminal Conviction

A. REPORTING ENTITY

Entity Name: New Mexico Board of Pharmacy
Address: University Towers, Suite 400b, 1650 University Blvd. N. E.,
City, State, Zip: Albuquerque, NM 87102
Country: US
Name of Certifier:
Title or Department:
Telephone:
Type of Report: Initial
Related Report Number:

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: Cory H McGuinn-Parks
e-Profile ID: 629142
Other Name(s) Used:
Gender: Male
Date of Birth: 03/04/1980
Work Address: 200 Sanchez Rd Nw
City, State, ZIP: Albuquerque, NM 87107
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): *** ** 4001
Individual Taxpayer Identification Number (ITIN):
National Provider Identifiers (NPI):
Professional School & Year of Graduation:
Occupation/Field of Licensure (Code): Pharmacy Technician
State License Number, State of Licensure: PT00006855 , NM

DISCIPLINARY AND ADMINISTRATIVE 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 JURISDICTION AS TO THE 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

**C. ACTION
REPORTED**

Type of Action: Initial
Basis for Action: - 19 - Criminal Conviction
Reporting Entity: NM
Action Classification Code(s): - 1147 - Limitation or Restriction on License
Date Action Was Taken: 03/15/2010
Date Action Became Effective: 03/15/2010
Length of Action: Permanent
Monetary Penalty:
Auto Reinstatement?: Yes
Description: Board voted to issue a pharmacy technician registration but respondent must disclose a previous felony controlled substance conviction to each employer.

**BEFORE THE BOARD OF PHARMACY
OF THE STATE OF NEW MEXICO**

**IN THE MATTER OF:
Cory H. McGuinn-Parks**

)
) **Case No.**
) **2011-028**
)
)
) 

Respondent.

STIPULATED AGREEMENT

WHEREAS, the parties wish to resolve this matter without the time and expense of a formal hearing;

IT IS AGREED AS FOLLOWS:

1. The Respondent is applying to be a pharmacist intern pursuant to the Pharmacy Act, Section 61-11-11 *et seq.* NMSA, and is subject to the jurisdiction of the New Mexico Board of Pharmacy.
2. The Respondent submitted the following information with his pharmacist intern application (See Attachment A pages 1-7) :
 - a. Respondent's application included disclosure that he had a federal felony drug conviction in 2002 for selling cocaine to an undercover Drug Enforcement Administration ("DEA") agent. As a result of his 2002 felony conviction, Respondent served twenty-four months in federal prison, followed by twenty-seven months of probation.
 - b. Respondent is currently registered with the Board of Pharmacy as a pharmacy technician, PT-6855.

c. Respondent's pharmacy technician license was issued, pursuant to Board Order No. 2009-109 Order Issuing Pharmacy Technician Registration With Stipulation, on March 23, 2010.

3. The Respondent enters into this Stipulated Agreement voluntarily and waives his right to have this matter heard in the manner described in the New Mexico Uniform Licensing Act, 1978 NMSA § 61-1-1 *et seq.* (Repl. Pamph. 2003), including the right to a full evidentiary hearing, the right to confront and cross-examine witnesses, and the right to an appellate process.

4. This Stipulated Agreement is subject to Board of Pharmacy approval and the terms of this agreement or statements made by the Respondent in support of this agreement shall **not** be used against the Respondent in such hearing.

5. It is further agreed as follows:

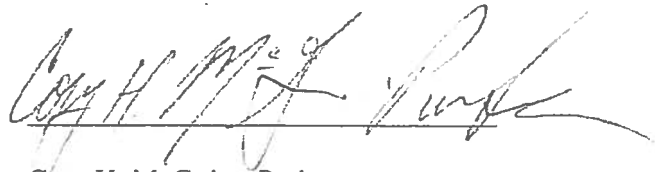
a. Respondent's New Mexico pharmacist intern registration application will be processed and the registration issued by the Board.

b. The Respondent agrees to notify any facility licensed by the Board of Pharmacy of this stipulated agreement and the felony conviction by the Federal Government prior to beginning any employment as a pharmacist intern or as a pharmacist extern through a college of pharmacy.

- c. The Respondent acknowledges that any facility registered with the Drug Enforcement Administration (DEA) at which he wishes to work must comply with 21 CFR 1301.76(a).
6. Respondent shall comply fully with the terms and conditions required of him by the stipulated agreement. Any violation of the stipulated agreement may be grounds for further disciplinary action against the Respondent by the Board in accordance with the Uniform Licensing Act, NMSA 1978, §§ 61-1-1 et seq.
7. Respondent shall comply with all laws, statutes and regulations relating to the practice of pharmacy, whether state or federal.
8. Any violation of the terms of this Agreement may result in the summary suspension of Respondents' license, and the Board may commence disciplinary proceedings to take further action regarding Respondents' license in accordance with the Uniform Licensing Act, NMSA 1978, §§ 61-1-1 et seq.

6/30/11

Date


Cory H. McGuinn-Parks
Respondent

7-5-11

Date



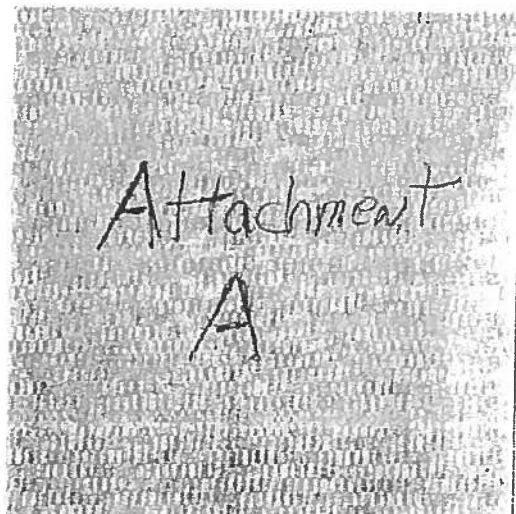
Joseph Cross, RPh
Board Chairman

April 17, 2011

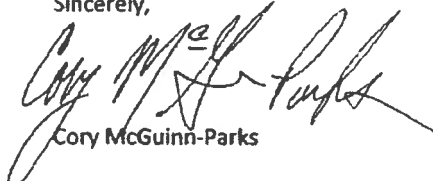
New Mexico Board of Pharmacy,

I am submitting this statement of explanation in regards to my felony conviction, as requested in the "PHARMACIST INTERN REGISTRATION OR RENEWAL".

On December 12, 2000, I sold approximately 2.0 grams of a cocaine based substance to an undercover DEA agent, in Albuquerque, NM. On September 5, 2001, I was arrested and charged with Distribution of Less Than Five Grams of Cocaine Base for that incident, (case number 1:01CR01139-002JC). I went to trial and was convicted on May 22, 2002. I was sentenced to 41 months in prison and a term of 3 years supervised release, with court recommendations of *"service of sentence at a Boot Camp/Intensive Confinement when he becomes eligible. Also, the defendant shall participate in a 500 hour substance abuse treatment program"*. I began my sentence on July 22, 2002. I was released from the Federal Bureau of Prisons' custody on January 3, 2005. I received 11 months off of my sentence for "good time" and participation in the 500-hour substance abuse treatment program. While incarcerated I attended every program, class, and group possible to make the best of the time I spent there. I began my 3 years of Supervised Release on January 3, 2005. I was released early from Supervision by request of my Probation Officer, because I was "no longer in need of supervision", on April 2, 2007, after serving two years and three months of supervision. Since my release on January 3, 2005, I have earned my General Contractors License (GB98), Real Estate Qualifying Broker's license, an Associate of Arts degree in General Studies, and I am currently attending the University of New Mexico, College of Pharmacy, with a current GPA of 3.73. Also attached is the Judgment and Sentencing. I have previously provided verifying documentation for the other things referenced, and would be willing to provide them again as may be deemed necessary.



Sincerely,


Cory McGuinn-Parks

FILEDUNITED STATES DISTRICT COURT
ALBUQUERQUE, NEW MEXICO

May 23, 2002 16:13


CLERK**US District Court
District of New Mexico
Digital File Stamp**

Case:	01cr01139
Title:	USA v. Griego et al.
Document Type:	Judgment in a Criminal Case
Document Number:	84
Description:	JUDGMENT IN A CRIMINAL CASE by Senior Judge John E. Conway as to defendant Cory Parks.
Total Pages:	5
Exhibits/Attachment:	0
Court Signature:	32 32 ad 49 d6 cf c9 26 8b b7 cf 2a 3e 71 dd 3f 73 12 43 5b 27 da 00 a0 ca 6f dd ae a1 bd ce 2b 5b a5 f0 77 79 6c 9e 72 db 53 87 5d 43 49 a0 0e 1c c8 26 0e 91 df 1e 1a 81 2c 02 0f 44 35 98 a2

This document constitutes an official stamp of the Court and, if attached to the document identified above, serves as an endorsed copy of the pleading. It may be used in lieu of the Court's mechanical file stamp for the named document only, and misuse will be treated the same as misuse of the Court's official mechanical file stamp. The Court's digital signature is a verifiable mathematical computation unique to the filed document and the Court's private encryption key. This signature assures that any change can be detected.

AO 245B (Rev. 8/98) Sheet 1 - Judgment in a Criminal Case

United States District Court

District of New Mexico

UNITED STATES OF AMERICA

JUDGMENT IN A CRIMINAL CASE

v.

CORY PARKS

(For Offenses Committed On or After November 1, 1987)

Case Number: 1:01CR01139-002JC

Defense Attorney: Ray Twobig (Retained)

THE DEFENDANT:

☐ pleaded guilty to count(s) _____
☐ pleaded not guilty to count(s) _____
 which was accepted by the court.
☒ was found guilty on count(s) _____
 after a plea of not guilty. 2 of Indictment
 ACCORDINGLY, the court has adjudicated that the defendant is guilty of the following offense(s):

Title & Section	Nature of Offense	Date Offense Concluded	Count Number(s)
21 USC 841(b)(1)(C)	Distribution of Less Than Five Grams of Cocaine Base	12-12-00	2

The defendant is sentenced as provided in pages 1 through 4 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

- ☐ The defendant has been found not guilty on count(s) _____
☐ Count(s) _____ dismissed on the motion of the United States.

IT IS FURTHER ORDERED that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid.

Defendant's Soc. Sec. No.: _____
 Defendant's Date of Birth: _____
 Defendant's USM No.: 18901-051
 Defendant's Residence Address:
 200 Sanchez Rd.
 Albuquerque, New Mexico 87107

Defendant's Mailing Address (if different from residence):

05-22-02
 Date of Imposition of Judgment

/s/ John Edwards Conway

Signature of Judicial Officer

Honorable John Edwards Conway
 Senior United States District Judge

Name & Title of Judicial Officer

May 23, 2002

Date

AO 245B (Rev. 8/95) Sheet 2 - Imprisonment

Judgment Page 2 of 4

DEFENDANT: CORY PARKSCASE NUMBER: 1:01CR01139-002JC**IMPRISONMENT**

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of 48 months.

- ☒ The court makes the following recommendations to the Bureau of Prisons:
- Service of sentence at a Boot Camp/Intensive Confinement when he becomes eligible. Also, the defendant shall participate in a 500 hour substance abuse treatment program.
- ☐ The defendant is remanded to the custody of the United States Marshal.
- ☐ The defendant shall surrender to the United States Marshal for this district:
- ☐ at _____ a.m./p.m. on _____
- ☐ as notified by the United States Marshal.
- ☒ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:
- ☐ before 2 p.m. on _____
- ☐ as notified by the United States Marshal.
- ☒ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____
at _____, with a Certified copy of this judgment.

UNITED STATES MARSHAL

By _____
Deputy U.S. Marshal

AO 245B (Rev. 8/96) Sheet 3 - Supervised Release

Judgment - Page 3 of 4

DEFENDANT: CORY PARICECASE NUMBER: 1301CB01139-002JC**SUPERVISED RELEASE**Upon release from imprisonment, the defendant shall be on supervised release for a term of 3 years

The defendant shall report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state, or local crime.

The defendant shall not illegally possess a controlled substance.

For offenses committed on or after September 13, 1994:

The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as directed by the probation officer.

☒ The above drug testing condition is suspended based on the court's determination that the defendant poses a low risk of future substance abuse. (Check if applicable.)

☐ The defendant shall not possess a firearm, destructive device, or any other dangerous weapon. (Check, if applicable.)

If this judgment imposes a fine or a restitution obligation, it shall be a condition of probation that the defendant pay any such fine or restitution that remains unpaid at the commencement of the term of supervised release in accordance with the Schedule of Payments set forth in the Criminal Monetary Penalties sheet of this judgment.

The defendant shall comply with the standard conditions that have been adopted by this court (set forth below). The defendant shall also comply with the additional conditions on the attached page (if indicated below).

STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

AO 248B (Rev. 8/00) Sheet 3 - Supervised Release

Judgment - Page 1.1 of 4

DEFENDANT: CORY PARKS

CASE NUMBER: 1:01CR01139-002JC

SPECIAL CONDITIONS OF SUPERVISION

The defendant shall participate in a program for substance abuse, which may include testing.

The defendant shall participate in and successfully complete an anger management program, at the direction of the United States Probation Office.

AO 245B (Rev. 8/98) Sheet 5, Part A - Criminal Monetary Penalties

DEFENDANT: CORY PARKS

Judgment - Page 4 of 4

CASE NUMBER: 1:01CR01139-002JC**CRIMINAL MONETARY PENALTIES**

The defendant shall pay the following total criminal monetary penalties in accordance with the schedule of payments.

☐ Remitted

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
Totals:	\$ <u>100.00</u>	\$ _____	\$ _____

SCHEDULE OF PAYMENTS

Payments shall be applied in the following order (1) assessment; (2) restitution; (3) fine principal; (4) cost of prosecution; (5) interest; (6) penalties.

Payment of the total fine and other criminal monetary penalties shall be due as follows:

A ☒ in full immediately; orB ☐ \$ _____ immediately, balance due (see special instructions regarding payment of criminal monetary penalties):

The defendant will receive credit for all payments previously made toward any criminal monetary penalties imposed.

Special instructions regarding the payment of criminal monetary penalties:

Criminal monetary penalties are to be made payable by cashier's check, bank or postal money order to the U.S. District Court Clerk, 333 Lucas Blvd. NW, Albuquerque, New Mexico 87102 unless otherwise noted by the court. Payments must include defendant's name, current address, case number and type of payment.

Unless the court has expressly ordered otherwise in the special instructions above, if this judgment imposes a period of imprisonment payment of criminal monetary penalties shall be due during the period of imprisonment. All criminal monetary penalty payments, except those payments made through the Bureau of Prisons' inmate Financial Responsibility Program, are to be made as directed by the court, the probation officer, or the United States attorney.

STATE OF NEW MEXICO
BOARD OF PHARMACY

IN THE MATTER OF:

Cory McGuinn-Parks
Pharmacy Technician applicant

Case No. 2009-109

Respondent.

**ORDER ISSUING PHARMACY TECHNICIAN REGISTRATION
WITH STIPULATION**

THIS MATTER came before the New Mexico Board of Pharmacy ("Board") for a hearing on March 15, 2010. A quorum of the Board [Joseph D. Cross, R.Ph.; Amy S. Buesing, R.Ph.; Joe R. Anderson, R.Ph.; Richard Mazzoni, R.Ph.; L. Ray Nunley, R.Ph.; Tom Ortega, R.Ph.; Buffie Saavedra; Howard Shaver, Allen Carrier] was present. Assistant Attorney General David Tourek, administrative prosecutor, presented the case against Respondent Cory McGuinn-Parks ("Respondent"); Respondent appeared *pro se*.

Immediately following the hearing, a quorum of the Board deliberated upon the record established at the hearing, including the exhibits considered by the Board. After considering and evaluating all of the testimony, exhibits and argument, and by a unanimous affirmative vote, the Board hereby renders this Order pursuant to the Uniform Licensing Act, NMSA 1978, Sections 61-1-1 through 61-1-31.

Findings of Fact

The Board determines that the administrative record in this matter supports the following findings of fact:

1. Respondent has applied for registration as a pharmacy technician in New Mexico and is subject to the jurisdiction of the Board.
2. Respondent's application included disclosure that he had a federal felony drug conviction in 2002 for selling cocaine to an undercover Drug Enforcement Administration ("DEA") agent. As a result of his 2002 felony conviction, Respondent served twenty-four months in federal prison, followed by twenty-seven months of probation.
3. Board staff attempted to reach an agreement with Respondent that he would stipulate to not working at any facility registered with the DEA unless the DEA granted the facility permission to hire him. [Attachment 1 to Exhibit 1, Notice of Contemplated Action ("NCA")]. Respondent rejected the proposed settlement agreement, saying that he wanted a hearing before the Board to explain his situation. Id.

4. The Board issued its NCA [Exhibit 1] in this matter on or about February 10, 2010 and proposed to deny Respondent a pharmacy technician registration because of his 2002 felony conviction for violating the federal statute involving the distribution of less than five grams of cocaine base.

5. The hearing in this matter was held on March 15, 2010 before a quorum of the Board at the Regulation and Licensing Conference Room at 5200 Oakland NE, Albuquerque, New Mexico.

6. Respondent testified at the March 15, 2010 hearing that he did not want a pharmacy technician license that is stipulated. Respondent stated that he is seeking a DEA waiver that would allow him — despite his felony drug conviction — to work in a pharmacy that handles controlled substances. Respondent added that he is seeking a presidential pardon.

Conclusions of Law

The Board determines that the administrative record in this matter and the findings of fact support the following conclusions of law:

1. The Board has jurisdiction over the parties and subject matter in this proceeding pursuant to the Pharmacy Act. NMSA 1978, Sections 61-11-6(A)(8) (2005) and 61-11-20(A)(2) and (10) (1997).

2. All notices in this matter, including the Notice of Contemplated Action, were served on Respondent in accordance with the Uniform Licensing Act, NMSA 1978, Sections 61-1-1 through 61-1-31 (2003).

3. A preponderance of the evidence shows that Respondent has been convicted of a federal felony involving the distribution of cocaine base, conduct which authorizes the Board to deny or withhold the pharmacy technician registration sought by Respondent. Section 61-11-20(A)(2) (conviction for violating federal law relating to controlled substances); Section 61-11-20(A)(10) (conviction of any felony).

ORDER OF THE BOARD

The New Mexico Board of Pharmacy finds by a preponderance of the evidence that Respondent's felony conviction for distribution of cocaine base, as specifically described above in the Findings of Fact and Conclusions of Law, justifies imposing a stipulation upon his registration as a pharmacy technician.

IT IS THEREFORE ORDERED that:

1. Respondent shall be issued registration as a New Mexico pharmacy technician subject to the following stipulation:

a. Respondent must disclose his federal conviction to his employer or any other person or business entity at any time he intends to work behind a pharmacy counter, either at a pharmacy or during an intern rotation with the University of New Mexico College of Pharmacy.

2. The stipulation described above applies only to Respondent's registration as a pharmacy technician.

3. This Order shall be included in Respondent's permanent licensing file and is a public record open to inspection by the public.

4. Any violation of this Order, including failure to notify employers of his felony drug conviction, shall result in the Board taking further action against Respondent's pharmacy technician registration.

Respondent is hereby informed that he may obtain judicial review of this Order by filing a petition for review in state district court within thirty (30) days of the filing of this Order in accordance with the attached statement of rights.

NEW MEXICO BOARD OF PHARMACY



Joseph D. Cross, R.Ph.
Board Chair

Date Filed with the Board: March 23, 2010

CERTIFICATE OF SERVICE

A copy of this **Order** was sent by certified mail, return receipt requested, receipt no. _____ to Respondent Cory McGuinn-Parks at his last known address as shown by the records of the New Mexico Board of Pharmacy on this 5th day of ~~March~~ April, 2010. *ms*

New Mexico Board of Pharmacy

Transcripts

Cory Herman McGuinn-Parks
UNM ID: 525-65-4001
DATE OF BIRTH: 04-MAR-1980

THE UNIVERSITY OF NEW MEXICO
OFFICE OF THE REGISTRAR
ALBUQUERQUE, NEW MEXICO 87131-0001

PAGE: 1
DATE ISSUED: 08-AUG-2014

Course Level: PharmD

Degree Awarded Doctor of Pharmacy 17-MAY-2014
Primary Degree
Program : Doctor of Pharmacy
College : College of Pharmacy
Campus : Albuquerque/Main
Major : Doctor of Pharmacy

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
----------	--------------	----------	-------

INSTITUTION CREDIT:

Fall 2010

College of Pharmacy

PHRM 701	Pharmaceutics I	3.00 A	12.00
PHRM 703L	Pharmaceutical Care Lab I	3.00 B+	9.99
PHRM 705	Pathophysiology	4.00 B	12.00
PHRM 706	Foundations of Drug Action	4.00 A+	17.32
PHRM 707	Pharm Health Care Delivery	2.00 A	8.00
PHRM 709	Intro Pharm Practice	1.00 A	4.00
PHRM 713	Pharmaceutical Calculations	1.00 A	4.00

Ehrs: 19.00 GPA-Hrs: 18.00 QPts: 67.31 GPA: 3.73

Spring 2011

College of Pharmacy

PHRM 702	Pharmaceutics II	3.00 A+	12.99
PHRM 704L	Pharmaceutical Care Lab II	3.00 B	9.00
PHRM 710	Mech Drug Action I	5.00 A	20.00
PHRM 715	Pathophysiology II	4.00 A	16.00
PHRM 717	Introductory Pharmacy Law	1.00 A+	4.33
PHRM 720	Intro Nuclear Pharm	2.00 A	8.00
PHRM 771	Intro Comm Pharm Prac Exp	2.00 CR	0.00 I

Ehrs: 20.00 GPA-Hrs: 18.00 QPts: 70.32 GPA: 3.90

Fall 2011

College of Pharmacy

PHRM 718L	Pharmaceutical Care Lab III	2.00 A	8.00
PHRM 719	Self-Care Therapeut	3.00 B	9.00
PHRM 726	Pharmacokinetics and Biopharm	3.00 A	12.00
PHRM 728	Pharm Informat & Res	3.00 A	12.00
PHRM 731	Mech Drug Action II	5.00 A	20.00
PHRM 771	Intro Comm Pharm Prac Exp	2.00 CR	0.00 I

Ehrs: 18.00 GPA-Hrs: 16.00 QPts: 61.00 GPA: 3.81

Spring 2012

College of Pharmacy

***** CONTINUED ON NEXT COLUMN *****

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
----------	--------------	----------	-------

Institution Information continued:

PHRM 732	Mech Drug Action III	5.00 A	20.00
PHRM 733L	Pharmaceutical Care Lab IV	2.00 A	8.00
PHRM 739	Pharmacotherapy I	6.00 A	24.00
PHRM 772	Intro Inst Pharm Prac Exp	2.00 CR	0.00 I
PHRM 776	Radiopharmacology	3.00 A	12.00

Ehrs: 18.00 GPA-Hrs: 16.00 QPts: 64.00 GPA: 4.00

Fall 2012

College of Pharmacy

PHRM 751	Pharmacotherapy II	6.00 A	24.00
PHRM 756	Safe Medication Practices	2.00 A	8.00
PHRM 759	Advanced Law & Ethics	2.00 A	8.00
PHRM 762L	Pharmaceutical Care Lab V	2.00 B	6.00
PHRM 772	Intro Inst Pharm Prac Exp	2.00 CR	0.00 I
PHRM 773	Nucl Pharm Instrumentation	3.00 A	12.00
PHRM 774	Radiopharmaceutical Chemistry	1.00 A	4.00

Ehrs: 18.00 GPA-Hrs: 16.00 QPts: 62.00 GPA: 3.87

Spring 2013

College of Pharmacy

PHRM 752	Pharmacotherapy III	6.00 B	18.00
PHRM 760	Pharmacy Healthcare Mgt & Econ	3.00 A	12.00
PHRM 764	Emerging Tech in Pharm Care	1.00 A	4.00
PHRM 765L	Pharmaceutical Care Lab VI	2.00 B	6.00
PHRM 766	Public Health in Pharmacy	2.00 B	6.00
PHRM 775	Radiopharm Health Phys & Biol	3.00 A	12.00

Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 58.00 GPA: 3.41

Summer 2013

College of Pharmacy

PHRM 769	Pharm Practice Experiences	0.00 CR	0.00
----------	----------------------------	---------	------

Ehrs: 0.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

Fall 2013

College of Pharmacy

PHRM 770JJ	Adv Pharm Practice Experience	4.00 A	16.00 I
PHRM 770Q	Adv Pharm Practice Experience	4.00 A	16.00 I
PHRM 770S	Adv Pharm Practice Experience	4.00 A	16.00
PHRM 770T	Adv Pharm Practice Experience	4.00 A	16.00

Ehrs: 16.00 GPA-Hrs: 16.00 QPts: 64.00 GPA: 4.00

***** CONTINUED ON PAGE 2 *****

ISSUED TO:

CORY MCGUINN-PARKS
P/U BY: CORY MCGUINN-PARKS

Alex Gonzalez, Registrar

This officially sealed and signed transcript is printed on SECURED SAFE® security paper with the name of the institution printed in white type across the face of the document. A plastic seal is not required. When photocopied the name of the institution appears on one line and the word COPY appears on the next. A BLACK OR WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED!

To be valid, this POSTAL BOX™ field must display address and colored background

Cory Herman McGuinn-Parks
UNM ID: 525-65-4001
DATE OF BIRTH: 04-MAR-1980

THE UNIVERSITY OF NEW MEXICO
OFFICE OF THE REGISTRAR
ALBUQUERQUE, NEW MEXICO 87131-0001

PAGE: 2
DATE ISSUED: 08-AUG-2014

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
Institution Information continued:					
Spring 2014					
College of Pharmacy					
PHRM 770C	Adv Pharm Practice Experience	2.00	A	8.00	
PHRM 770H	Adv Pharm Practice Experience	4.00	A	16.00	
PHRM 770JJ	Adv Pharm Practice Experience	4.00	A	16.00	I
PHRM 770O	Adv Pharm Practice Experience	4.00	B	12.00	
PHRM 770Q	Adv Pharm Practice Experience	4.00	B	12.00	I
Ehrs: 18.00 GPA-Hrs: 18.00 QPts: 64.00 GPA: 3.55					
***** TRANSCRIPT TOTALS *****					
		Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION		143.00	135.00	510.63	3.78
TOTAL TRANSFER		0.00	0.00	0.00	0.00
OVERALL		143.00	135.00	510.63	3.78
***** CONTINUED ON PAGE 3 *****					

ISSUED TO:

Alex Gonzalez, Registrar

To be valid, this POSTALBOXSM field must display address and colored background

This officially signed and signed transcript is printed on ten (10) "SAFE" security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word COPY appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

Cory Herman McGuinn-Parks
UNM ID: 525-65-4001
DATE OF BIRTH: 04-MAR-1980

THE UNIVERSITY OF NEW MEXICO
OFFICE OF THE REGISTRAR
ALBUQUERQUE, NEW MEXICO 87131-0001

PAGE: 3
DATE ISSUED: 08-AUG-2014

Course Level: Undergraduate					SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
SUBJ NO.	COURSE TITLE		CRED GRD	PTS R	Institution Information continued:			
TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:					Summer 2009			
					University College			
1999:S	CENTRAL NM CC				CHEM 301	Organic Chemistry	3.00 B+	9.99
Ehrs: 12.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00		CHEM 303L	Organic Chem Lab	1.00 A	4.00
					Ehrs: 4.00	GPA-Hrs: 4.00	QPts: 13.99	GPA: 3.49
					Fall 2009			
					University College			
1999:R	CENTRAL NM CC				CHEM 302	Organic Chemistry	3.00 A+	12.99
Ehrs: 0.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00		Ehrs: 3.00	GPA-Hrs: 3.00	QPts: 12.99	GPA: 4.33
					Spring 2010			
					University College			
2000:S	CENTRAL NM CC				BIOC 423	Introductory Biochemistry	3.00 B	9.00
Ehrs: 3.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00		CHEM 304L	Organic Chem Lab	1.00 A	4.00
2000:F	CENTRAL NM CC				Ehrs: 4.00	GPA-Hrs: 4.00	QPts: 13.00	GPA: 3.25
Ehrs: 0.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00	***** TRANSCRIPT TOTALS *****				
					Earned Hrs GPA Hrs Points GPA			
2001:S	CENTRAL NM CC				TOTAL INSTITUTION	11.00 14.00 39.98 2.85		
Ehrs: 0.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00					
2005:S	CENTRAL NM CC				TOTAL TRANSFER	70.00 0.00 0.00 0.00		
Ehrs: 16.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00					
2005:F	CENTRAL NM CC				OVERALL	81.00 14.00 39.98 2.85		
Ehrs: 3.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00	***** END OF TRANSCRIPT *****				
2006:S	CENTRAL NM CC							
Ehrs: 0.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00					
2008:S	CENTRAL NM CC							
Ehrs: 8.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00					
2008:F	CENTRAL NM CC							
Ehrs: 14.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00					
2009:S	CENTRAL NM CC							
Ehrs: 14.00	GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00					
INSTITUTION CREDIT:								
Fall 1998								
University College								
ISE 100	WRITG STANDRD ENGL		3.00	WNC	0.00			
FOLS 200	AMERICAN POLITICS		3.00	F	0.00			
PSY 271	SOCIAL PSYCHOLOGY		3.00	W	0.00			
SOC 312	CAUSES OF CRIME		3.00	W	0.00			
Ehrs: 0.00	GPA-Hrs: 3.00	QPts: 0.00	GPA: 0.00					
***** CONTINUED ON NEXT COLUMN *****								

ISSUED TO:

CORY MCGUINN-PARKS
P/U BY: CORY MCGUINN-PARKS

Alex Gonzalez, Registrar

This officially sealed and signed transcript is sealed in a "SAFE" security paper with the name of the institution printed in white type across the face of the document. A signature is not required. When photocopied the name of the institution appears on one flip and the word "COPY" appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

To be valid, this POSTALBOX™ field must display address and colored background.

CNM UNOFFICIAL WEB TRANSCRIPT

Record of: CORY HERMAN MCGUINN-PARKS
ID: XXXXX4832

Date: 03-DEC-09

DEGREES AWARDED

Degree Awarded: ASSOCIATE OF ARTS 33-APR-09
Major: GENERAL STUDIES

TRANSFER CREDIT

Subject	Course Number	Course Title	Credits	Grade
2003 MISCELLANEOUS INSTITUTION				
CARP	101	BLUEPRINT RDG I	4.000	TR
CARP	121	INTRO TO CARPENTRY	1.000	TR
CARP	122	STRUCTURL SYS I	1.000	TR
CARP	123	STRUCTURL SYS II	1.000	TR
CARP	124A	CONSTRUCT LAB A	2.000	TR
CARP	124B	CONSTRUCT LAB B	2.000	TR
CARP	124C	CONSTRUCT LAB C	2.000	TR
			Credits Transferred: 13.000	

INSTITUTIONAL CREDIT

Subject	Course Number	Course Title	Credits	Grade	Quality Points	R
SPRING 1999 Unofficial Web Transcript						
Primary Major: Liberal Arts Degree						
Academic Standing: GOOD STANDING						
MATH	123	TRIGONOMETRY	3.000	B	9.00	
PSCI	260	U.S. POLITICS	3.000	D	3.00	
PSY	220	DEVELOPMENTAL PSYCH	3.000	B	9.00	
SOC	101	INTRO TO SOCIOLOGY	3.000	B	9.00	
Current Term	Attempt Hr	12.000	Earned Hr	12.000	GPA	2.50
Cumulative	Attempt Hr	12.000	Earned Hr	12.000	GPA	2.50
SUMMER 1999 Unofficial Web Transcript						
Primary Major: Liberal Arts Degree						
Academic Standing: GOOD STANDING						
BIO	111	ENVIRONMENTAL SCI	0.000	W	0.00	
COMM	240	ORGANIZATIONAL COM	0.000	W	0.00	
ECON	200	MACROECONOMICS	0.000	W	0.00	
HIST	230	NEW MEXICO HISTORY	0.000	W	0.00	
Current Term	Attempt Hr	12.000	Earned Hr	0.000	GPA	0.00
Cumulative	Attempt Hr	24.000	Earned Hr	12.000	GPA	2.50
SPRING 2000 Unofficial Web Transcript						
Primary Major: Liberal Arts Degree						
Academic Standing: ACADEMIC WARNING						
SOC	111	CRIM JUST SYSTEM	3.000	F	0.00	
SOC	213	DEVIANT BEHAVIOR	3.000	D	3.00	
Current Term	Attempt Hr	6.000	Earned Hr	3.000	GPA	0.50
Cumulative	Attempt Hr	30.000	Earned Hr	15.000	GPA	1.83
FALL 2000 Unofficial Web Transcript						
Primary Major: Liberal Arts Degree						
Academic Standing: PROBATION 1						
ANTH	222	ANCIENT MESOAMERICA	3.000	F	0.00	
HUM	111	EARLY WORLD CIVIL	0.000	W	0.00	
Current Term	Attempt Hr	6.000	Earned Hr	0.000	GPA	0.00
Cumulative	Attempt Hr	36.000	Earned Hr	15.000	GPA	1.57
SPRING 2001 Unofficial Web Transcript						
Primary Major: Liberal Arts Degree						
Academic Standing: PROBATION 2						
CHEM	111	INTRO TO CHEMISTRY	3.000	F	0.00	
CSCI	101	COMPUTER LITERACY	0.000	W	0.00	
ENG	101	COLLEGE WRITING	0.000	W	0.00	
Current Term	Attempt Hr	10.000	Earned Hr	0.000	GPA	0.00
Cumulative	Attempt Hr	46.000	Earned Hr	15.000	GPA	1.37

Institutional Credit Continued Next Page

CNM UNOFFICIAL WEB TRANSCRIPT

Record of: CORY HERMAN MCGUINN-PARKS
ID: xxxxxx4932

Date: 03-DEC-09

INSTITUTIONAL CREDIT (CONTINUED)

Subject	Course Number	Course Title	Credits	Grade	Quality Points	R
SPRING 2005 Unofficial Web Transcript						
Primary Major: Engineering Design Tech Degree						
Secondary Major: Engineering Design Tech Degree						
Academic Standing: GOOD STANDING						
COMM	221	INTERPERSONAL COMM	3.000	A	12.00	
ENG	102	ANALYTIC WRITING	3.000	B	9.00	
PHIL	110	PHILOSOPHY THOUGHT	3.000	A	12.00	
PL	101	INTRO/PARALEGAL	3.000	A	12.00	
SPAN	101	BEG SPANISH I	4.000	A	16.00	
Current Term	Attempt Hr	18.000	Earned Hr	18.000	QPT	61.00
Cumulative	Attempt Hr	62.000	Earned Hr	31.000	QPT	94.00
FALL 2005 Unofficial Web Transcript						
Primary Major: Engineering Design Tech Degree						
Secondary Major: Engineering Design Tech Degree						
Academic Standing: GOOD STANDING						
CST	150	CULTURAL STUDIES	3.000	B	9.00	
Current Term	Attempt Hr	3.000	Earned Hr	3.000	QPT	9.00
Cumulative	Attempt Hr	65.000	Earned Hr	34.000	QPT	103.00
SPRING 2006 Unofficial Web Transcript						
Primary Major: Engineering Design Tech Degree						
Secondary Major: Engineering Design Tech Degree						
Academic Standing: GOOD STANDING						
BA	270	REAL ESTATE LAW	0.000	W	0.00	
BA	271	REAL EST PRACTICE	3.000	A	12.00	
Current Term	Attempt Hr	6.000	Earned Hr	3.000	QPT	12.00
Cumulative	Attempt Hr	71.000	Earned Hr	37.000	QPT	115.00
SUMMER 2006 Unofficial Web Transcript						
Primary Major: Engineering Design Tech Degree						
Secondary Major: Engineering Design Tech Degree						
Academic Standing: GOOD STANDING						
BA	285	BROKER BASICS	3.000	A	12.00	
Current Term	Attempt Hr	3.000	Earned Hr	3.000	QPT	12.00
Cumulative	Attempt Hr	74.000	Earned Hr	40.000	QPT	127.00
SPRING 2008 Unofficial Web Transcript						
Primary Major: Photonics Degree						
Secondary Major: Engineering Degree						
Academic Standing: GOOD STANDING						
ECON	2201	MICROECONOMICS	3.000	A	12.00	
PHYS	1510	PHYSICS I	4.000	A	16.00	
PHYS	1592	PHYSICS I LAB	1.000	A	4.00	
Current Term	Attempt Hr	8.000	Earned Hr	8.000	QPT	32.00
Cumulative	Attempt Hr	82.000	Earned Hr	48.000	QPT	159.00
FALL 2008 Unofficial Web Transcript						
Primary Major: Photonics Degree						
Secondary Major: Engineering Degree						
Academic Standing: GOOD STANDING						
BIO	1510	MOLECULAR/CELL BIO	4.000	A	16.00	
CHEM	1510	GENERAL CHEM I	4.000	A	16.00	
MATH	1330	PROB & STATISTICS	3.000	A	12.00	
MATH	1460	ELEMENT OF CALC I	3.000	A	12.00	
Current Term	Attempt Hr	14.000	Earned Hr	14.000	QPT	56.00
Cumulative	Attempt Hr	96.000	Earned Hr	62.000	QPT	215.00
SPRING 2009 Unofficial Web Transcript						
Primary Major: Photonics Degree						
Secondary Major: General Studies Degree						
Academic Standing: GOOD STANDING						
BIO	1610	GENETICS	4.000	A	16.00	
BIO	2210	ANATOMY & PHYS I	3.000	A	12.00	
CHEM	1610	GENERAL CHEM II	4.000	A	16.00	
MATH	1465	ELEMENT OF CALC II	3.000	A	12.00	
Current Term	Attempt Hr	14.000	Earned Hr	14.000	QPT	56.00
Cumulative	Attempt Hr	110.000	Earned Hr	76.000	QPT	271.00

Transcript Continued Next Page

CNM UNOFFICIAL WEB TRANSCRIPT

Record of: CORY HERMAN MCGUINN-PARKS
ID: XXXX4932

Date: 03-DEC-09

TRANSCRIPT TOTALS

Transcript Totals (UNDERGRADUATE)

<i>Institutional</i>	Attempt Hr	110.000	Earned Hr	78.000	QPT	271.00	GPA Hr	85.000	GPA	3.18
<i>Transfer</i>	Attempt Hr	0.000	Earned Hr	13.000	QPT	0.00	GPA Hr	0.000	GPA	0.00
<i>Overall</i>	Attempt Hr	110.000	Earned Hr	88.000	QPT	271.00	GPA Hr	85.000	GPA	3.18

COURSES IN PROGRESS:

FALL 2009 Unofficial Web Transcript

Primary Major: Photonics Degree

Secondary Major: General Studies Degree

Subject	Course Number	Course Title	Credits
BIO	2110	MICROBIOLOGY	3.000
BIO	2192	MICROBIOLOGY LAB	1.000
BIO	2310	ANATOMY & PHYS II	3.000

Central New Mexico Community College

The Governing Board
of

Central New Mexico Community College,
on the recommendation of the Faculty, has conferred upon

Oray Herman McBurnin-Marks

this

Associate of Arts

in

General Studies

with all the rights and privileges appertaining thereto
and awarded this diploma on
the thirtieth day of April, Two thousand and nine.

Roscoe W. Winograd
President of the College



Beth Q. Brown
Vice President for Academic Affairs



February 28, 2011

Dear Cory,

It is with great pleasure that I notify you of your placement on the Dean's Honor Roll for the fall 2010 semester. The Dean's List is recognition of your outstanding academic performance at the College of Pharmacy. I am proud of your accomplishments and I look forward to your continued success. You bring great credit to the College.

On behalf of the faculty and staff of the College of Pharmacy, I offer you our warmest congratulations!

Sincerely,

A handwritten signature in black ink, appearing to read "Donald A. Godwin". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Donald A. Godwin, Ph.D.

Interim Dean

Associate Professor of Pharmacy



UNM

COLLEGE of PHARMACY

October 17, 2011

Dear Cory,

It is with great pleasure that I notify you of your placement on the Dean's Honor Roll for the spring 2011 semester. The Dean's List is recognition of your outstanding academic performance at the College of Pharmacy. I am proud of your accomplishments and I look forward to your continued success. You bring great credit to the College.

On behalf of the faculty and staff of the College of Pharmacy, I offer you our warmest congratulations!

Sincerely,

Donald A. Godwin, Ph.D.
Interim Dean
Associate Professor of Pharmacy

February 27, 2012

Dear Student Pharmacist,

It is with great pleasure that I notify you of your placement on the Dean's Honor Roll for the fall 2011 semester. The Dean's List is recognition of your outstanding academic performance at the College of Pharmacy. I am proud of your accomplishments and I look forward to your continued success. You bring great credit to the College.

On behalf of the faculty and staff of the College of Pharmacy, I offer you our warmest congratulations!

Sincerely,



Lynda S. Welage, PharmD, FCCP
Dean of UNM College of Pharmacy

Other Professions

NEW MEXICO REAL ESTATE COMMISSION

CORY H. MCGUINN-PARKS

is duly licensed to act as a
Real Estate Qualifying Broker

CHAMP ENTERPRISES, LLC

**200 Sanchez Rd. NW
Albuquerque, NM 87107**

License Location:

**200 Sanchez Rd. NW
Albuquerque, NM 87107**

License Number: 18289

Date Issued: 10/29/2014

Expires: 04/30/2016

THE STATE OF NEW MEXICO

has issued this license pursuant to the Real Estate License Law,
Section 61-29-1, NMSA 1978, as amended.

Kurstin S. Johnson,
Commission President

Bill Richardson
Governor

Edward J. Lopez
Superintendent

State of New Mexico

Regulation and Licensing Department

CONSTRUCTION INDUSTRIES DIVISION

2550 Cerillos Rd.
Santa Fe, New Mexico 87505

Lisa D. Martinez
Director

This is to Certify that: **CORY MCGUINN-PARKS**
PERMANENT CERTIFICATE #351359

Has complied with all the requirements of the law and is hereby certified as a qualified party under the classification of:


GB98

As set up by the CONSTRUCTION INDUSTRIES DIVISION

Given under my signature and the seal of the Construction Industries Division at Santa Fe, New Mexico on

04/13/07


Signature of Contractor


Lisa D. Martinez
Director

NOTE: This Certificate is now and shall remain the property of the CONSTRUCTION INDUSTRIES DIVISION and shall be surrendered at any time upon demand. This certificate is not transferable

Pharmacy



August 24, 2015

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

To whom it may concern:

I am writing this letter in support of Cory McGuinn-Parks' application for a pharmacist license in Nevada. Mr. McGuinn-Parks' academic abilities are extremely strong as he has excelled with a 3.78 GPA, a Top 10% class ranking and inclusion on the Dean's List in all 8 semesters of pharmacy school. His academic success was recognized when he was inducted into the Rho Chi Honor Society in 2013. The College of Pharmacy faculty also selected Cory to receive the Merck Academic Excellence Award for the Class of 2014. He is, simply put, one of the strongest students in one of the most academically rigorous programs in the state of New Mexico.

Cory's interests and strengths lie in many different areas. This can be aptly demonstrated from the array of Advanced Pharmacy Practice Experiences (APPEs) that he took during his last year of pharmacy school. In addition to the required APPEs (advanced community, advanced hospital, ambulatory care, and general medicine), Cory also branched out into Association Management, Public Health, Long-term Care, interprofessional Telemedicine (ECHO) and an Outreach/Respite rotation for the homeless community of Albuquerque. These varied experiences will serve Cory well in any pharmacy practice setting in which he is employed. Cory has also received extensive training outside of a normal PharmD curriculum to make himself a well-rounded pharmacist including vaccination training, tobacco cessation prescribing training, and emergency contraception training. On his own time, Cory has also become certified in administering and interpreting the tuberculin skin test and completed the College's 60-hour physical assessment course in order to become a pharmacist clinician. The fact that Cory completed both the physical assessment course and TB training in the week between the end of APPEs and graduation demonstrates his dedication to his patients and the profession of pharmacy.

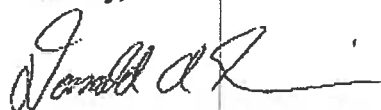
In addition to his academic excellence, Cory has excellent interpersonal and communication skills. The combination of academics and personal characteristics led me to hire Cory as a tutor for the College's Pathway to Pharmacy students. Pathways to Pharmacy is a program where promising students are selected by the College Admissions Committee for a year of further academic training before matriculation into the PharmD program. Once they are in the PharmD curriculum, these students receive specialized tutoring during their first year to help them with the transition from being an undergraduate to being a student pharmacist. I have hired many of these tutors over the years and I can say without reservation that Cory has been the best. He drew rave student reviews and all of the students he tutored will be graduating from the College of Pharmacy in the next year.

University of New Mexico Health Sciences Center
College of Pharmacy
MSC09 5360 ■ 1 University of New Mexico
Albuquerque, NM 87131
(505)-272-0907 ■ FAX (505)-272-8324 ■ dgodwin@salud.unm.edu

In addition to his high academic achievement, Cory also was very involved in the two largest student professional organizations (APhA-ASP and SSHP) where is participated in numerous patient care and education events during the last 4 years. Cory also demonstrated leadership skills in SSHP where is served as Immunization Chair and was able to increase the number of flu vaccination events organized by the College.

In short, I give my highest recommendation to Mr. Cory McGuinn-Parks application for a pharmacist license in Nevada. I hope you give him full consideration. If you have any questions, please do not hesitate to contact me at (505) 272-0907 or by email dgodwin@salud.unm.edu

Sincerely,

A handwritten signature in dark ink, appearing to read "Donald A. Godwin", with a stylized flourish at the end.

Donald A. Godwin, Ph.D.
Executive Associate Dean for Education
Associate Professor of Pharmaceutics

Cory McGuinn-Parks

200 Sanchez Rd NW
Albuquerque, NM 87107
Mobile: (505) 615-8880
cmcguinn@outlook.com

EDUCATION:

University of New Mexico <i>PharmD Program</i>	Fall 2010 – Spring 2014
University of New Mexico <i>Pre-Pharmacy Coursework</i>	Fall 2009 – Spring 2010
Central New Mexico Community College <i>Pre-Pharmacy Coursework</i> <i>Associate of Arts in General Studies</i>	Spring 2005-Fall 2009

LICENSES/CERTIFICATIONS:

NM Pharmacist Immunization Certification <i>University of New Mexico</i>	May 2014
NM Pharmacist Emergency Contraception Prescribing Certification <i>University of New Mexico</i>	May 2014
NM Pharmacist Smoking Cessation Prescribing Certification <i>University of New Mexico</i>	May 2014
NM Pharmacist TB Testing Certification <i>University of New Mexico</i>	May 2014
NM Pharmacy Intern License: IN00003432	July 2011
NM Pharmacist License: RPh 00008179	July 2014
Basic Life Support (BLS) Certificate <i>American Heart Association</i>	November 2010- December 2016
HIPPA Training <i>University of New Mexico Health Sciences Center</i>	August 2010
NM Pharmacy Technician License: PT00006855	March 2010
Pharmacist Clinician Physical Assessment Course <i>60 hour Board of Pharmacy approved course</i>	May 2014
NM Real Estate Qualifying Broker	February 2010
NM General Contractor GB98	April 2007

ADVANCED PHARMACY PRACTICE EXPERIENCES:

Advanced Community <i>Lowell's Pharmacy (Artesia, NM)</i>	December 2013
Association Management <i>NM Pharmacist Association (Albuquerque, NM)</i>	August 2013
Ambulatory Care – HIV Primary Care <i>Truman Clinic (Albuquerque, NM)</i>	February 2014
Public Health <i>UNM Health Sciences Center (Albuquerque, NM)</i>	July 2013
Specialty Patient Care – LTC <i>Omnicare Pharmacy (Albuquerque, NM)</i>	June 2013
Advanced Hospital <i>Lovelace Westside Hospital (Albuquerque, NM)</i>	March 2014
Specialty Patient Care – Respite/Outreach <i>UNM Health Sciences Center (Albuquerque, NM)</i>	November 2013
Specialty Patient Care – ECHO Project <i>UNMH ECHO Project (Albuquerque, NM)</i>	January 2014
Advanced Hospital <i>Lovelace Westside Hospital (Albuquerque, NM)</i>	April 2014

INTRODUCTORY PHARMACY PRACTICE EXPERIENCES:

Introductory Hospital <i>Omnicare Pharmacy (Albuquerque, NM)</i>	June 2012
Introductory Community <i>Share 'n Care Pharmacy (Belen, NM)</i>	July 2011

WORK EXPERIENCE:

Haven Behavioral Health Hospital <i>PRN Staff Pharmacist</i> <ul style="list-style-type: none">• Evaluate physician medication orders for appropriateness of drug therapy• Make recommendations for therapy changes	January 2015 – Present
Managing member <i>CHAMP Enterprises, LLC</i> <ul style="list-style-type: none">• New and Remodel Construction• Real Estate sales• Managed ~10 employees	April 2007– May 2014
Clinical Research Associate <i>Renaissance Rx</i> <ul style="list-style-type: none">• Educate physicians regarding pharmacogenomics testing and results• Ensure physician compliance with study protocols	November 2014 – December 2014

Pharmacy Technician

December 2009 – January 2010

Walgreens Pharmacy (Albuquerque, NM)

- Performed calculations as necessary to correctly prepare prescriptions to be dispensed by the pharmacist
- Performed insurance processing and prescription availability
- Packaged pharmaceutical products for sale

PROFESSIONAL MEMBERSHIP:

New Mexico Pharmacists Association:

December 2010 – Present

*Pharmacist Member***American Pharmacists Association-Academy of Student Pharmacists**

December 2010 – Present

*Student Pharmacist Member***New Mexico Student Society of Health System Pharmacists:**

March 2012 – Present

*University of New Mexico***American Society of Health System Pharmacists:**

March 2012 – Present

*University of New Mexico***Phi Kappa Phi Honor Society:**

April 2012 – Present

*University of New Mexico***Rho Chi Pharmacy Honor Society:**

April 2013 – Present

*University of New Mexico***Pre-Pharmacy Society**

April 2009 – August 2010

*University of New Mexico***LEADERSHIP EXPERIENCE:**

UNM College of Pharmacy

April 2011 – April 2012

Class of 2014 Class Treasurer

- Worked as part of a team in advancing student participation
- Developed and implemented several fundraisers yielding \$1100 net profit
- Actively participated in executive committee meetings with a financial perspective

AWARDS AND RECOGNITION:

University of New Mexico - College of Pharmacy*Dean's List*Fall 2010, Spring 2011, Fall 2011,
Spring 2012, Fall 2012, Spring 2013,
Fall 2014, Spring 2014**University of New Mexico – College of Pharmacy***Merck Academic Excellence Award 2014*

Spring 2014

VOLUNTEER EXPERIENCE:

NM Student Society of Health-System Pharmacy

April 2012 - April 2013

Immunization Chair

- Organized over 20 immunization clinics to allow administration of vaccines to healthcare workers and underserved populations throughout the Albuquerque area
- Collaborated with the APhA-ASP Immunization Chairs to increase the number of clinics held and student participation in administering vaccines
- Supervised the scheduling and setup required for each clinic, including providing and delivering all the supplies needed to safely administer vaccines to the public



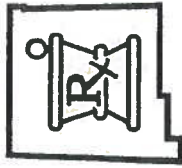
CPE Monitor Activity Transcript

Participant Name: Cory H. McGuinn-Parks
NABP e-Profile ID: 629142
CPE Activity Date Range: 05/03/2014 - 01/25/2015
Total CPE Hours Earned: 68.0

Recorded CPE activity for the period of 05/03/2014 to 01/25/2015. Please allow 60 days for the CPE Provider to process your CPE and submit it through the CPE Monitor System. If it has been more than 60 days since you submitted the necessary information for CPE credit, please contact the CPE Provider.

Activity Date	ACPE UAN	Title	Provider	Format	Topic Designators	Contact Hours (CEU)	Live Hours	Home Hours	Activity Type
01/25/2015	0104-0000-15-004-L01-P	Beyond the Textbook: Clinical Pearls for Chronic Disease State Management	New Mexico Pharmacists Association	Live	Drug Therapy Related	1.0 (0.1)	1.0	0.0	Knowledge-based
01/25/2015	0104-0000-15-007-L04-P	Pharmacists and Veterinarians Working Together: A Prescription of Effective Collaboration	New Mexico Pharmacists Association	Live	General Pharmacy Topics	1.0 (0.1)	1.0	0.0	Knowledge-based
01/25/2015	0104-0000-15-006-L05-P	Prescription Drug Epidemic in New Mexico: How Promoting a Partnership Between the DEA and Pharmacists Can Help	New Mexico Pharmacists Association	Live	Patient Safety	2.0 (0.2)	2.0	0.0	Knowledge-based
01/24/2015	0104-0000-15-010-L01-P	The Hepatitis C Virus (HCV) Treatment Revolution: Current and Emerging Therapies for Chronic HCV	New Mexico Pharmacists Association	Live	Drug Therapy Related	1.0 (0.1)	1.0	0.0	Knowledge-based
01/24/2015	0104-0000-15-005-L01-P	Medication Prescribing in Chronic Pain	New Mexico Pharmacists Association	Live	Drug Therapy Related	2.0 (0.2)	2.0	0.0	Knowledge-based
01/24/2015	0104-0000-15-003-L04-P	Albuquerque Healthcare for the Homeless Services	New Mexico Pharmacists Association	Live	General Pharmacy Topics	1.0 (0.1)	1.0	0.0	Knowledge-based
05/03/2014	0039-0000-13-006-L04-P	Physical Assessment for Pharmacists	University of New Mexico College of Pharmacy	Live	General Pharmacy Topics	60.0 (6.0)	60.0	0.0	Application-based

This statement contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE). The CPE provider is responsible for the accuracy of the CPE course data on the statement; however, NABP affirms that the participation information has been matched to the corresponding e-Profile data within its systems. Requests for changes to CPE course data must be directed to the ACPE-accredited provider that offered the course. CPE documentation requirements are determined by each Board of Pharmacy; please check with your licensing board about these requirements. CPE information has been made available to licensees' respective board(s) of pharmacy for use at the boards' discretion.



New Mexico Pharmacists Association

This certifies that

Cory McGuinn-Parks

has fulfilled the requirements of the

New Mexico State Board of Pharmacy

for prescriptive authority for vaccines by completing the course

“Pharmacists Prescribing Vaccines – The New Mexico Program”

(UAN# 0104-0000-11-046-H04-P for 0.4 CEUs)

(UAN# 0104-0000-11-047-L01-P for 0.8 CEUs)

on May 13, 2014

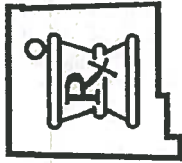
R. Dale Tinker

R. Dale Tinker, Executive Director NMPhA



The New Mexico Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

This student Certificate becomes valid upon Licensure in New Mexico.



New Mexico Pharmacists Association

This certifies that

Cory McGuinn-Parks

has fulfilled the requirements of the

New Mexico State Board of Pharmacy

for prescriptive authority of Tobacco Cessation Products by completing the course
"New Mexico Pharmacist Prescriptive Authority for Tobacco Cessation Products"

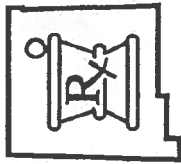
on May 13, 2014

R. Dale Tinker

R. Dale Tinker, Executive Director NMPhA



The New Mexico Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
This student Certificate becomes valid upon Licensure in New Mexico.



New Mexico Pharmacists Association

This certifies that

Cory McGuinn-Parks

has fulfilled the requirements of the

New Mexico State Board of Pharmacy

for prescriptive authority of Tobacco Cessation Products by completing the course

New Mexico Pharmacist Prescriptive Authority for Tobacco Cessation Products

(UAN# 0104-0000-11-060-H04-P for 0.7 CEUs & UAN# 0104-0000-11-059-L04-P for 0.1 CEU)

December 1, 2011

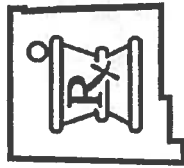
R. Dale Tinker

R. Dale Tinker, Executive Director NMPPhA



The New Mexico Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

This student Certificate becomes valid upon Licensure in New Mexico.



New Mexico Pharmacists Association

This certifies that

Cory McGuinn-Parks

has fulfilled the requirements of the

New Mexico State Board of Pharmacy

for prescriptive authority for TB Testing by completing the courses

Understanding the Tuberculin Skin Test: A Primer for Non-TB Staff

(UAN# 0104-9999-11-049-L04-P for 0.1 CEUs on 9/8/11)

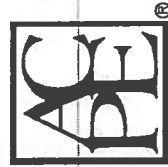
Tuberculin Skin Testing in New Mexico Pharmacies

(UAN# 0104-9999-11-039-L01-P for 0.4 CEUs)

on May 13, 2014

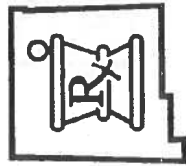
R. Dale Tinker

R. Dale Tinker, Executive Director NMPHA



New Mexico Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

This student Certificate becomes valid upon Licensure in New Mexico.



New Mexico Pharmacists Association

This certifies that

Cory McGuinn-Parks

has fulfilled the requirements of the

New Mexico State Board of Pharmacy

for prescriptive authority of emergency contraception by completing the course

“Emergency Contraception Pharmacist Prescriptive Authority”

on May 13, 2014

R. Dale Tinker

R. Dale Tinker, Executive Director NMPPhA



The New Mexico Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
This student-Certificate becomes valid upon Licensure in New Mexico.



CERTIFICATE OF COMPLETION
PHARMACIST CLINICIAN PHYSICAL ASSESSMENT COURSE

presented to

Cory McGuinn-Parks

in recognition of successful completion of the Pharmacist Clinician Physical Assessment Course (60 hours)
at The University of New Mexico College of Pharmacy

May, 2014

A handwritten signature in dark ink, appearing to read 'Joe Anderson'.

Joseph Anderson, PharmD, PhC, BCPS
Associate Professor of Pharmacy Practice

A handwritten signature in dark ink, appearing to read 'Rucha Bond'.

Rucha Bond, PharmD, PhC
Assistant Professor of Pharmacy Practice



UNM
COLLEGE of PHARMACY




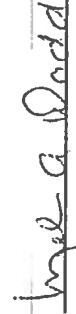
THIS
UNM COLLEGE OF PHARMACY STUDENT SOCIETY OF HEALTH-SYSTEM PHARMACY
CERTIFICATE OF APPRECIATION

IS PRESENTED TO

Cory Maguire-Parks

IN RECOGNITION OF EXEMPLARY CONTRIBUTIONS TO THE SOCIETY AS
2012-2013 IMMUNIZATION CHAIR


Jackson Koury
SSHHP President


Melanie Dodd, PharmD
SSHHP Faculty Advisor

American Pharmacists Association – Academy of Student Pharmacists

Member of the Month

University of New Mexico

Is Awarded To

Cory McGuinn-Parks

March 22, 2012

Dr. Gretchen Ray, Faculty Advisor


Arwyn Pritchard, Chapter President


Ashley Seyfarth, Chapter President-elect



THE UNIVERSITY OF NEW MEXICO

COLLEGE OF PHARMACY

Certificate of Completion

Cory McGuinn-Parks

has successfully completed the

“How to Give a Shot”

section of the New Mexico Pharmacists Prescriptive
Authority Immunization Training

Completed: September, 2011

Michel B. Disco, RPh
Assistant Dean for External Programs

Phi Kappa Phi

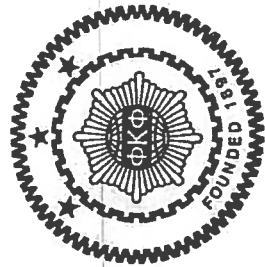


This certifies that

Cory H. McGuinn-Parks

*is a member of The Honor Society of Phi Kappa Phi by
election of the Chapter at*

*The University of New Mexico
and is hereby granted all the honors and privileges
pertaining to membership in the Society*



April 18, 2012

Date

William A. Goodworth, Jr.
President

Lawrence R. Basso
Executive Director

Dr. Anita O'Brien
Chapter President



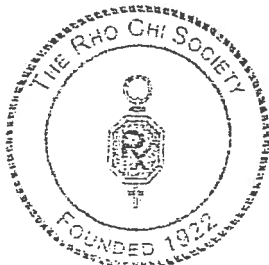
Pharmaceutical Honor Society

This is to Certify that
Cory H. McGuinn-Parks
has been initiated as an
active member of

Gamma Beta Chapter

at

University of New Mexico
Given this 7th day of April, 2013



John A. Reynolds
National President

David M. [Signature]
Chapter President

Volunteer Work

From January of 2005 to April of 2005, I volunteered with the DWI Resource Center, Inc. P.O. Box 30514, Albuquerque, NM 87190. I volunteered as a court room observer. I took notes on the outcomes and sentencing of DWI and Domestic Violence cases and offenders. The center keeps records of relevant statistics. Linda Atkinson, Executive Director, (505) 881-1084.

From January 2005 to March 2013, I have volunteered at the Albuquerque Opportunity Center (AOC), 715 Candelaria Rd NE, Albuquerque, NM 87107. The Albuquerque Opportunity Center offers emergency shelter and services to homeless men in the Albuquerque area. While I was incarcerated my sister and father volunteered their time and donated materials to the center, while also rallying support from many of their parts suppliers to donate additional materials. They created an outdoor area with vegetable gardens, fruit trees, paths and seating areas. I have since helped with maintaining the irrigation system and the landscaping at the AOC. Jessica Casey, (505) 344-2323.

From October 2009 to present, I have volunteered intermittently at The Storehouse, 106 Broadway SE, Albuquerque, NM 87102. The Storehouse offers food and clothing to low income residents of the Albuquerque area. My children and I helped by separating food products from bulk packaging to package sizes appropriate for distribution to the needy families, sorting donated clothes, helping to distribute the goods to the public, maintaining the flow of traffic through the parking lot, and helping the participants to their vehicles with the food and clothing they had received. Carol Bafus, (505) 842-6491.

From December 2009 to February 2010, I volunteered at the Albuquerque Rescue Mission, 525 2nd St SW, Albuquerque, NM 87102. The Albuquerque Rescue Mission provides food, shelter, clothing, training, and education to homeless men, women, and children. I helped by serving dinner to the men, women, and children, seeking a hot meal from the shelter. Doug Chandler, (505) 346-4673.

From August 2010 to May 2014, I volunteered at/with the UNM College of Pharmacy, MSC 09 5360/ 1 University of New Mexico, Albuquerque, NM 87131. I volunteered at one of the UNM Legislative day, where a group of students, myself included, set up a booth at the State House of Representatives in Santa Fe, NM. We provided cholesterol testing, blood glucose monitoring, checked blood pressure, and administered flu shots. I also went from office to office introducing and explaining the "Vials for Life" project that the college is participating in, and handing out the vials. Dr. Megan Thompson, (505) 272-4121.

March of 2011 and March of 2012, I volunteered with the UNM Children's Hospital to raise money for the hospital. The hospital is a regional trauma center, as well as the state's only hospital dedicated solely to the care of neonates and pediatric care. I answered phones as part of the "Radiothon", put on by a local radio station. Where, I answered incoming calls for donations. I also volunteered at several car washes, bake sales, and community events that were sponsored by Walgreens, to benefit the children's Hospital. Manuel Griego, Assistant Director of Development Children's Miracle Network, (505) 277-4553.

August 2011 to May 2014, I volunteered with the New Mexico Department of Health administering vaccinations to children and adults. The New Mexico DOH often asks the College of Pharmacy for volunteers to immunize at the clinics they sponsor. At these clinics we provide pneumococcal, measles, mumps, rubella, varicella, pertussis, and many more vaccines. Dean Michel B. Disco (505) 272-1508.

October 2011, I volunteered at the Christina Kent Early Childhood Center (CKECC), a center that provides childcare for under school age children from low-income families. With my four children, we helped the center by moving furniture from the various floors of the three story building down to the ground floor in preparation for a "yard sale". Ms. Bliss (505) 242-0557.

January 2012 and January 2013, I volunteered at the 14th and 15th Annual Eyewitness News Health Fair, providing blood pressure and blood glucose monitoring, along with counseling on the results of the tests for attendees.

March 2012 to May 2013, I served as the Immunization Project Chairperson for the Student Society of Health-Systems Pharmacists, where my duties involved organizing flu shot clinics in the community. I volunteered over 200 hours in this position, 90 of which I was personally administering flu vaccinations to adults and children of all ages. Dean Michel B. Disco (505) 272-1508.

May 11th 2012, I volunteered in the FBI Wellness Festival held at the FBI building at 4200 Luecking Park Ave., Alb., NM 87107. We participated in a health fair, where we provided blood pressure and glucose monitoring, and BMI assessment for employees.

October 19th 2012, I personally coordinated four different Flu shot clinics for the First Annual UNM College of Pharmacy Outreach Day, where in a concerted effort; all the students of the college went into the community to provide our services free of cost to the underserved communities. We provided health fairs, poison prevention awareness, Generation Rx (providing information about prescription drug abuse and addiction to children of all ages), and free flu shots. We provided over 300 flu shots free of charge. Dr. Megan Thompson (505)272-4121.

July 25, 2012

UNM School of Pharmacy
Attn: Cory McGuinn-Parks

Mr. McGuinn-Parks,

My sincere appreciation for your participation in our Wellness Festival this past May. The suggestions, conversations and health tips to our employees and their family was greatly welcome. This year the team effort shown by all parties was instrumental in overcoming the unexpected relocation due to the storm. Even though we had some small (yet entertaining) hurdles, I hope you will consider coming back next year. With your collaboration our first Wellness Festival was a great success. If you have any suggestions for next years event, please let me know.

I have enclosed a few images for your entertainment.

Again, I thank you for your advise, expertise, and for being a part of our healthy lifestyle.

Regards,
Lisa Sedillo
Office Services Supervisor
Albuquerque Field Office

ALBUQUERQUE TVI COMMUNITY COLLEGE



Department of Experiential Learning



"Working together to build stronger civil communities"

HAVING MET REQUIREMENTS OF THE SERVICE LEARNING PROGRAM

Cory McGuinn-Parks

Communications 221

IS AWARDED THIS

*Certificate of Academic Achievement
for Service at*

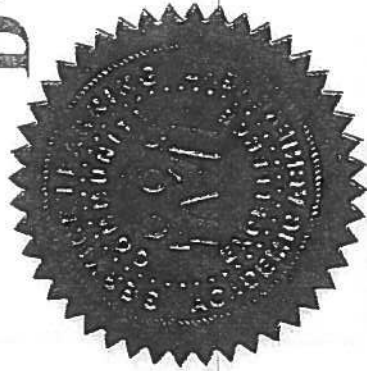
DWI Resource Center, Inc.

Spring 2005

Dr. Rudy M. Garcia

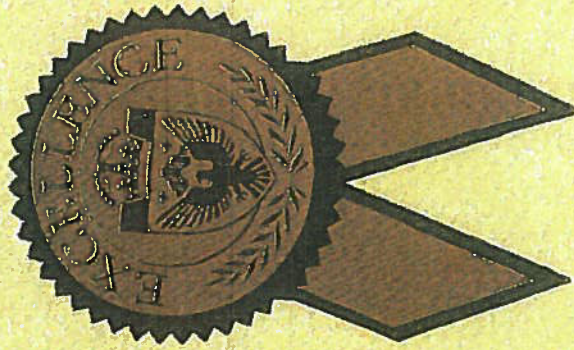
Rudy M. Garcia, Ed.D.
Director of Experiential Learning

Sharon J. Gordon
Sharon J. Gordon, Coordinator
Service Learning



Prison Certificates

Certificate of Completion



CORY PARKS
has satisfactorily completed
all required coursework for
the Residential Drug Abuse Program
at F.C.I. Florence.

July 6, 2004

Leah Ann Tucker, MSW
Leah Ann Tucker, MSW

Dr. David Tatera
Dr. David Tatera

Certificate of Completion

This document certifies that

Cory McGuinn-Parks

has satisfactorily completed the
Vocational Training Building Trades Course
at FCI Florence, Colorado.

Dated this 4th day of December, 2003.




M. Stewart, Supervisor of Education

M. Stewart, Supervisor of Education




R. L. Caron, Associate Warden (I&E)

R. L. Caron, Associate Warden (I&E)

CenturyCollege
A Community and Technical College

Continuing Education Certificate

This is to certify that

Cory Parks

Has Completed

VT Building Trades

and is therefore awarded

815

Contact Hours

*In acknowledgment thereof these signatures
are affixed on this day,*

08/24/2003



Mary McKee

Vice President of Continuing Education

Most Improved Wellness Award

In recognition of
Cory Parks
for noticeable improvement
motivation and dedication
in the Wellness area.

July 6, 2004

L. Tucker, MSW
L. Tucker, MSW

Extra Mile Award

To recognize
CORY PARKS
for taking that extra step,
giving that extra push,
being an extraordinary individual.

July 6, 2004

L. Tucker MSW

L. Tucker, MSW

Certificate of Achievement

This certifies that

CORY PARKS

has satisfactorily completed

HUMAN BEHAVIOR I

Consisting of 18 Hours of Training

This certificate is hereby issued this 29th day of December, 20⁰³

R. Shaink

R. Shaink
ACE Coordinator

J.L. Smith

J.L. Smith, ASOE



U.S. Department of Justice
Federal Bureau of Prisons
Federal Correctional Institution
Florence, Colorado 81226

August 29, 2003

Cory Parks
Reg. No. 18901-051
Federal Correctional Institution
Florence, Colorado 81226

Cory Parks:

CONGRATULATIONS!!!!

You have been nominated as Student of the Month for August 2003, for the exceptional work you are completing in the Microsoft Office 2000 class.

You participate in all class lectures, written assignments, oral reading, and class discussions. Your positive attitude and excitement towards learning does not go unnoticed by your teacher.

A Special Award of \$10.00 will be posted to your inmate account during the month of September 2003.

Sincerely,


M. Stewart
Supervisor of Education

Certificate of Achievement

This certifies that

CORY PARKS

has satisfactorily completed

WELLNESS SPINNING CLASS

Consisting of 25 Hours of Training

This certificate is hereby issued this 7 day of MARCH, 2003



M. AMOS, REC. SPEC.



J.L. GARCIA, SOR

Certificate of Achievement

This certifies that

CORY PARKS

has satisfactorily completed

ACE AEROBICS CLASS

Consisting of 32 Hours of Training

This certificate is hereby issued this 27TH day of DECEMBER, 20 02

A. Gallardo
A. GALLARDO, SPORTS SPEC.

J.T. Garcia, SOR

Certificate of Achievement

This certifies that

CORY PARKS


has satisfactorily completed

Basic Conversational Spanish

Consisting of 17 Hours of Training

This certificate is hereby issued this 5th day of November, 2002


R. Shaink
A.C.E. Coordinator


M. Stewart
Supervisor of Education

Certificate of Completion

This document certifies that

Cory Parks

*has satisfactorily completed
Parenting From A Distance
at FCI Florence, Colorado.*

Dated this 23rd day of December, 2002.

L. Green

L. Green, Instructor

M. Stewart
M. Stewart, Supervisor of Education

Certificate of Completion

This document certifies that

Cory Parks
has satisfactorily completed
the Family Literacy Program
at FCI Florence, Colorado.

Dated this 18th day of December, 2002.



L. Green, Instructor



M. Stewart, Asst. Supervisor of Education



Certificate of Achievement

This certifies that

CORY PARKS

has satisfactorily completed

KEYBOARDING

Consisting of 22 Hours of Training

This certificate is hereby issued this 11th day of June, 20⁰³

R. Shaink

R. Shaink
A.C.E. Coordinator

Jan E. Medina
Jan Stewart
Supervisor of Education

Certificate of Achievement

This certifies that

CORY PARKS

has satisfactorily completed

SMALL BUSINESS START-UP

Consisting of 18 Hours of Training

This certificate is hereby issued this 25th day of November, 20 03

R. Shaink

R. Shaink
ACE Coordinator

J.L. Smith, ASOE

J.L. Smith, ASOE

Certificate of Achievement

This certifies that

CORY PARKS

has satisfactorily completed

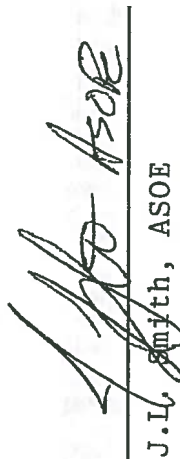
BUSINESS MATH

Consisting of 20 Hours of Training

This certificate is hereby issued this 22nd day of December, 2003



R. Shaink
ACE Coordinator



J.L. Smith, ASOE

Certificate of Achievement

This certifies that

CORY PARKS

has satisfactorily completed

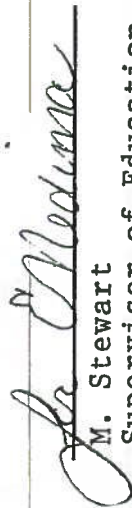
REAL ESTATE

Consisting of 20 Hours of Training

This certificate is hereby issued this 20th day of August, 20⁰³



R. Shaink
A.C.E. Coordinator



M. Stewart
Supervisor of Education

Certificate of Completion

This document certifies that

Cory Parks

*has satisfactorily completed the
Microsoft Powerpoint 2000 course
at FCI Florence, Colorado.*

Dated this 14th day of August, 2003.

B. McKernan

B. McKernan, Instructor

M. Stewart

M. Stewart, Supervisor of Education



Certificate of Completion

This document certifies that

Cory Parks

*has satisfactorily completed the
Microsoft Excel 2000 course
at FCI Florence, Colorado.*

Dated this 5th day of August, 2003.

B. McKernan

B. McKernan, Instructor



J. Stewart Acting
M. Stewart, Supervisor of Education

Certificate of Completion

This document certifies that

Cory Parks

*has satisfactorily completed the
Microsoft Word 2000 course
at FCI Florence, Colorado.*

Dated this 10th day of July, 2003.

B. McKernan

B. McKernan, Instructor

M. Stewart

M. Stewart, Supervisor of Educational



Certificate of Achievement

This certifies that


CORY PARKS

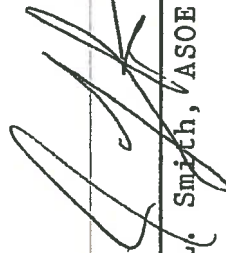
has satisfactorily completed

CAREER PLANNING

Consisting of 20 Hours of Training

This certificate is hereby issued this 2nd day of June, 2004


R. Shaink
ACE Coordinator


J.L. Smith, ASOE

Legal

FILED

UNITED STATES DISTRICT COURT
ALBUQUERQUE, NEW MEXICO

May 23, 2002 16:13

[Handwritten Signature]
CLERK

**US District Court
District of New Mexico
Digital File Stamp**

Case:	01cr01139
Title:	USA v. Griego et al.
Document Type:	Judgment in a Criminal Case
Document Number:	34
Description:	JUDGMENT IN A CRIMINAL CASE by Senior Judge John E. Conway as to defendant Cory Parks.
Total Pages:	5
Exhibits/Attachment:	0
Court Signature:	32 32 ad 49 d6 cf c9 26 8b b7 cf 2a 3e 71 dd 3f 73 12 43 5b 27 da 00 a0 ca 6f dd ae a1 bd ce 2b 5b a5 10 77 79 6c 9e 72 db 53 87 5d 43 49 a0 0e 1c c8 26 0e 91 df 1a 1a 81 2c 02 0f 44 35 98 a2

This document constitutes an official stamp of the Court and, if attached to the document identified above, serves as an endorsed copy of the pleading. It may be used in lieu of the Court's mechanical file stamp for the named document only, and misuse will be treated the same as misuse of the Court's official mechanical file stamp. The Court's digital signature is a verifiable mathematical computation unique to the filed document and the Court's private encryption key. This signature assures that any change can be detected.

23-May-02 16:16 page 3 of 7

AO 245B (Rev. 8/98) Sheet 1 - Judgment in a Criminal Case

United States District Court

District of New Mexico

UNITED STATES OF AMERICA

JUDGMENT IN A CRIMINAL CASE

v.

CORY PARKS

(For Offenses Committed On or After November 1, 1987)

Case Number: 1:01CR01139-002JC

Defense Attorney: Ray Twibig (Retained)

THE DEFENDANT:

☐ pleaded guilty to count(s) _____

☐ pleaded nolo contendere to count(s) _____ which was accepted by the court.

☒ was found guilty on count(s) _____ 2 of Indictment
after a plea of not guilty.

<u>Title & Section</u>	<u>Nature of Offense</u>	<u>Date Offense Concluded</u>	<u>Count Number(s)</u>
21 USC 841(b)(1)(C)	Distribution of Less Than Five Grams of Cocaine Base	12-12-00	2

The defendant is sentenced as provided in pages 1 through 4 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☐ The defendant has been found not guilty on count(s) _____

☐ Count(s) _____ dismissed on the motion of the United States.

IT IS FURTHER ORDERED that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid.

Defendant's Soc. Sec. No.:

Defendant's Date of Birth:

Defendant's USM No.: 19991-051

Defendant's Residence Address:
200 Sanchez Rd.
Albuquerque, New Mexico 87107

05-22-02
Date of Imposition of Judgment

/s/ John Edwards Conway
Signature of Judicial Officer

Honorable John Edwards Conway
Senior United States District Judge
Name & Title of Judicial Officer

Defendant's Mailing Address (if different from residence):

May 23, 2002
Date

AO 246B (Rev. 8/96) Sheet 2 - Imprisonment

Judgment - Page 2 of 4

DEFENDANT: CORY PARKS

CASE NUMBER: 1:91CR00139-002JC

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of 41 months.

☒ The court makes the following recommendations to the Bureau of Prisons:

Service of sentence at a Boot Camp/Intensive Confinement when he becomes eligible. Also, the defendant shall participate in a 300 hour substance abuse treatment program.

☐ The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:

☐ at _____ a.m./p.m. on _____

☐ as notified by the United States Marshal.

☒ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☐ before 2 p.m. on _____

☐ as notified by the United States Marshal.

☒ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____
at _____, with a Certified copy of this judgment.

UNITED STATES MARSHAL

By _____
Deputy U.S. Marshal

AO 245B (Rev. 8/96) Sheet 3 - Supervised Release

DEFENDANT: CORY PARKS

Judgment - Page 3 of 4

CASE NUMBER: LSMCR01139-002JC**SUPERVISED RELEASE**Upon release from imprisonment, the defendant shall be on supervised release for a term of 3 years

The defendant shall report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state, or local crime.

The defendant shall not illegally possess a controlled substance.

For offenses committed on or after September 13, 1994:

The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as directed by the probation officer.

☒ The above drug testing condition is suspended based on the court's determination that the defendant poses a low risk of future substance abuse. (Check if applicable.)

☐ The defendant shall not possess a firearm, destructive device, or any other dangerous weapon. (Check, if applicable.)

If this judgment imposes a fine or a restitution obligation, it shall be a condition of probation that the defendant pay any such fine or restitution that remains unpaid at the commencement of the term of supervised release in accordance with the Schedule of Payments set forth in the Criminal Monetary Penalties sheet of this judgment.

The defendant shall comply with the standard conditions that have been adopted by this court (set forth below). The defendant shall also comply with the additional conditions on the attached page (if indicated below).

STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

AO 248B (Rev. 8/00) Sheet 2 - Supervised Release

DEFENDANT: CORY PARKS

Judgment - Page 11 of 4

CASE NUMBER: 1:01 CR01139-002JC

SPECIAL CONDITIONS OF SUPERVISION

The defendant shall participate in a program for substance abuse, which may include testing.

The defendant shall participate in and successfully complete an anger management program, at the direction of the United States Probation Office.

AO 245B (Rev. 8/86) Sheet 5, Part A - Criminal Monetary Penalties

DEFENDANT: CORY PARKS

Judgment - Page 4 of 4

CASE NUMBER: 1:01CB01139-002JC**CRIMINAL MONETARY PENALTIES**

The defendant shall pay the following total criminal monetary penalties in accordance with the schedule of payments.

☐ Remitted

Totals:

<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
\$ <u>100.00</u>	\$ _____	\$ _____

SCHEDULE OF PAYMENTS

Payments shall be applied in the following order (1) assessment; (2) restitution; (3) fine principal; (4) cost of prosecution; (5) interest; (6) penalties.

Payment of the total fine and other criminal monetary penalties shall be due as follows:

A ☒ in full immediately; orB ☐ \$ _____ immediately, balance due (see special instructions regarding payment of criminal monetary penalties):

The defendant will receive credit for all payments previously made toward any criminal monetary penalties imposed.

Special instructions regarding the payment of criminal monetary penalties:

Criminal monetary penalties are to be made payable by cashier's check, bank or postal money order to the U. S. District Court Clerk, 333 Lomas Blvd. NW, Albuquerque, New Mexico 87102 unless otherwise noted by the court. Payments must include defendant's name, current address, case number and type of payment.

Unless the court has expressly ordered otherwise in the special instructions above, if this judgment imposes a period of imprisonment payment of criminal monetary penalties shall be due during the period of imprisonment. All criminal monetary penalty payments, except those payments made through the Bureau of Prisons' inmate Financial Responsibility Program, are to be made as directed by the court, the probation officer, or the United States attorney.

UNITED STATES DISTRICT COURT
for the
DISTRICT OF NEW MEXICO

FILED
UNITED STATES DISTRICT COURT
ALBUQUERQUE, NEW MEXICO

APR 03 2007

UNITED STATES OF AMERICA

V.

Criminal No. 1:01CR01139-002JC

MATTHEW J. DYKMAN
CLERK

CORY PARKS

On January 3, 2005, the above named was placed on supervised release for a period of three (3) years. He has complied with the rules and regulations of supervised release and is no longer in need of supervision. It is accordingly recommended that Cory Parks be discharged from supervised release.


Respectfully submitted,


JACOB A. GOMEZ
United States Probation Officer

ORDER OF THE COURT

Pursuant to the above report, it is ordered that the defendant is discharged from supervised release and that the proceedings in the case be terminated.

Date this 2d day of April, 2007.


HONORABLE JOHN E. CONWAY
SENIOR UNITED STATES DISTRICT JUDGE

SUSANA MARTINEZ, GOVERNOR



RETTA WARD, CABINET SECRETARY

April 1, 2013

Control No.: 375500

Mr. CORY H. MCGUINN-PARKS
200 SANCHEZ RD NW
ALBUQUERQUE, NM 87107

Dear Mr. MCGUINN-PARKS:

This letter is notice of a **Clearance Determination for Employment** as a caregiver in New Mexico.

The documentation you submitted to the Caregivers Criminal History Screening Program was sufficient to issue a **clearance determination** under the requirements as set forth in NM Department of Health rule 7.1.9 NMAC.

Please contact our office if you have any questions regarding this notice.

Sincerely,

A handwritten signature in black ink, appearing to read "Gil Mendoza".

Gil Mendoza, Program Manager
Caregivers Criminal History Screening Program



"Assuring safety and quality of care in New Mexico's health facilities and community based programs."

Division of Health Improvement

Caregivers Criminal History Screening Program • P.O. Box 26110 • Santa Fe, New Mexico 87502

TEL: (505) 476-0801 • FAX: (505) 424-7974 • <http://dhi.health.state.nm.us>

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

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

Address Change ☐ (Requires Fee and New Application)

☐ Yes ☒ No

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

Nevada Address: 8871 West Sahara Ave LV NV 89117 Suite #: _____
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

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

Date _____

27958



NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Name: Heather Lee ROHRER
 Address: 8871 West Sahara Ave
 Las Vegas NV 89117
 Phone: 7022338535

License Information

License Type: Physician Assistant
 License Number: PA789 Status: Active
 Issue Date: 8/1/2003 Expiration Date: 6/30/2017

Scope of Practice

Scope of Practice: Surgery, Neurological

Scope of Practice: Physician Assistant

Education & Training

School: Columbiana High School / Columbiana, OH
 High
 Degree\Certificate: School Diploma
 Date Enrolled:
 Date Graduated: 6/1/1993
 Scope of Practice:

School: Youngstown State University / Youngstown, OH
 Practitioner
 of
 Degree\Certificate: Respiratory Care Degree
 Date Enrolled:
 Date Graduated: 3/27/1999
 Scope of Practice:

School: Wagner College / Staten Island, NY
 Degree\Certificate:

Physician Assistant Degree
Date Enrolled:
Date Graduated: 6/26/2003
Scope of Practice:

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS
ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions

COMPLAINT Case # 15-28202-1 July 23, 2015 The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against Heather L. Rohrer, PA-C alleging two violations of Nevada Revised Statutes (NRS) Chapter 630. Count I: Alleges a violation of NRS 630.306 (3), administering, dispensing or prescribing a controlled substance to herself or others except as authorized by law. Count II: Alleges a violation of NRS 630.3062(1), failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient. ea Complaint: 5 pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

Blank

Shirley Hunting

From: Pharmacy Board
Sent: Monday, September 14, 2015 7:48 AM
To: Shirley Hunting
Subject: FW: Questions

From: Vonnie Sim
Sent: Monday, September 14, 2015 1:44 AM
To: Pharmacy Board
Subject: Questions

Hello.

My name is Sio'vonne Marie Sims and my license was suspended/revoked in April 2014.

I was writing to inquire about the possibility of my license being reinstated. I am willing to do all of the required obligations of the Nevada board of Pharmacy and their practices. Please contact me or give me more information regarding this. Thank you for your time.

Sio'vonne Sims

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
)	
v.	)	CASE NO. 14-014-PT-S
)	
SIOVONNE SIMS, PT	)	FINDINGS OF FACT,
Certificate of Registration No. PT12443,	)	CONCLUSIONS OF LAW AND
	)	ORDER
)	
Respondent.)	
	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, April 16, 2014, in Las Vegas, Nevada. S. Paul Edwards, Esq., represented the Board in his capacity as its General Counsel. Respondent Siovonne Simms, PT, Certificate of Registration No. PT12443, did not appear at the hearing, and did not have counsel appear on her behalf. She did, however, file an Answer and Notice of Defense in which she admitted to the allegations in the Accusation. Based on Ms. Sims' admissions, and the evidence presented at the hearing, the Board enters its findings of fact, conclusions of law and orders.

FINDINGS OF FACT

1. On or about January 27, 2014, Board Staff received notification from a Walgreens' Loss Prevention Manager, indicating that Walgreens terminated Ms. Sims from her employment as a pharmaceutical technician at Walgreens #05619 (Walgreens) located at 3030 Las Vegas Boulevard North, North Las Vegas, Nevada.

2. Ms. Sims was terminated for diversion of controlled substances.

3. During an interview conducted by the Walgreens' Loss Prevention Manager, and in a written statement, Ms. Sims admitted to diverting twenty-one (21) bottles of #100 alprazolam 2 mg. tablets between July 2013 and January 2014.

4. Ms. Sims sold the bottles of alprazolam for personal financial gain.

5. On February 19, 2014, Board Staff served the Notice of Intended Action and Accusation in this matter on Ms. Sims by certified mail sent to Ms. Sims' last address of record. Based on the evidence presented, that action satisfied the service requirements of NRS 639.242.

6. The foregoing findings are supported by Exhibits 1 through 5, which were admitted into the record.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

7. The Board has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Ms. Sims was a pharmaceutical technician registered by the Board.

8. By diverting controlled substances, namely, alprazolam 2 mg. tablets, respondent Siovonne Sims violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.338(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

THEREFORE, THE BOARD HEREBY ORDERS:

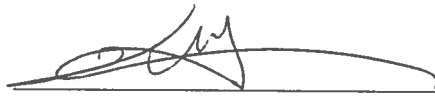
9. The registration of respondent Siovonne Sims, PT, Certificate of Registration No. PT12443, is hereby revoked effective immediately.

10. Ms. Sims may not work in any facility licensed by the Board, including a

pharmacy, in any capacity unless and until she has applied to the Board for reinstatement and the Board reinstates her registration.

11. In the event Ms. Sims applies for reinstatement, or for any other registration or certificate with the Board, she shall appear before the Board to answer questions and give testimony regarding her application and the facts and circumstances underlying this matter.

Signed and effective this 15 day of May, 2014.



Kamlesh Gandhi, President
Nevada State Board of Pharmacy

COPY

**MASSEY & ASSOCIATES LAW FIRM
ATTORNEYS AT LAW**

7465 W. Lake Mead Blvd., # 100
Las Vegas, Nevada 89128

Telephone: (702) 722-9906
Facsimile: (702) 479-7116

Augusta A. Massey
Email: amassey@masseylawvegas.com

April 23, 2015

Via Certified Mail & E-mail

S. Paul Edwards, Esq., General Counsel
Larry L. Pinson, Pharm. D., Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509
pedwards@pharmacy.nv.gov

Re: Flotsol, Inc., Medical Supplies and Orthotics

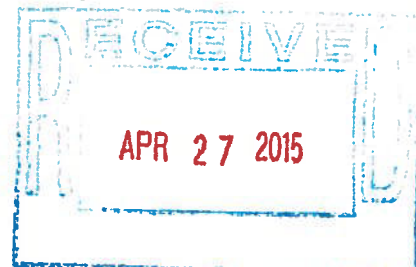
Dear Messrs. Edwards and Pinson:

This office represents Flotsol, Inc. ("Flotsol").

This letter is to request a rehearing pursuant to NRS 639.252. This is in relation to the oral hearing held on April 15, 2015. Flotsol did not have any representation at this hearing and did not get the opportunity to be heard. To this end, please see enclosed a copy of Flotsol's "Answer and Notice of Defense".

Additionally, this letter is to respond to your letter dated March 12, 2015.

First, my client disputes the selling of a compression hoisery. It is our contention that the Nevada Board of Pharmacy's ("BOP") investigator was out to entrap Flotsol's staff at Flotsol's mall location. The fact that items were on display does not necessarily translate to items being sold. Additionally, the products do not have an NDC number to suggest that they cannot be touched and cannot be made available for sale. Flotsol's store policy is to answer all questions and concerns of a client and will only complete the transaction once the required Prescription is offered. Meaning that a client can inquire about the quality of the material that was used and feel the product but cannot leave the store or kiosk without the Prescription. The process that the inspector described does not portray staff training on even the non-Prescription 10/15 & 15/20 mmHg. Flotsol's store process was to entertain all questions and concerns, followed by a measurement to guarantee fit, go through client care & maintenance instructions for care and wear, before payment is sought. The BOP investigator also never completed the sale. If he had, Flotsol's staff would have requested a Prescription.



Flotsol, Inc. - Board of Pharmacy
April 23, 2015
Page 2

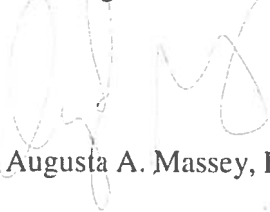
The same pattern of entrapment was displayed by the BOP investigator at Flotsol's main office located at 2411 W. Charleston Blvd., Las Vegas, Nevada 89102. It is our contention that the BOP investigator was already biased when he walked into the building based off of his experience at the mall. Similarly, no sale transaction was completed. My client also denies the statements that the BOP claims he made to the investigator and considers them hearsay.

Second, Mr. Adegboruwa's felony conviction should not lead to the revocation of Flotsol's license. We do understand the BOP's concerns that Flotsol may be operating without a qualified administrator, but this is a curable offense as a new administrator may be hired. Also, we caution imputing Mr. Adegboruwa's actions upon the company, which is a separate legal entity.

Third, Flotsol has paid the sum of \$500 to renew its license. No information has been provided regarding the status of the renewal or if the application was denied. Therefore, we hereby request a refund in the amount of \$500 in light of the BOP's recent decision on April 15, 2015.

We look forward to a written response.

Kind regards,



Augusta A. Massey, Esq.

Encls. Answer and Notice of Defense

Cc: Flotsol, Inc., c/o Mr. Oluwole Adegboruwa (via e-mail)

1 Augusta A. Massey, Esq.
2 Nevada Bar No. 11037
3 MASSEY & ASSOCIATES LAW FIRM
4 7465 West Lake Mead Blvd, Ste. 100
5 Las Vegas, NV 89128
6 Telephone: (702) 722-9906
7 Fax: (702) 479-7116
8 amassey@masseylawvegas.com
9 Attorneys for Flotsol, Inc.

10 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

11 NEVADA STATE BOARD OF PHARMACY,	)	Case No. 13-046-MP-S
)	
12)	
13)	
14)	
15)	
16)	
17)	
18)	
19)	
20)	
21)	
22)	
23)	
24)	
25)	
26)	
27)	
28)	

11 vs.

12

13 FLOTSOL, INC.

14 Certificate of Registration No. MP00537,

15 Respondent.

16 **ANSWER AND NOTICE OF DEFENSE**

17 COMES NOW, Flotsol, Inc. ("Respondent"), Respondent named above, by and through
18 its attorney of record, Augusta Massey, Esq., and in answer to the Notice of Intended Action and
19 Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy ("BOP"),
20 declares:

21
22 1. That Flotsol's objection to the Notice of Intended Action and Accusation as being
23 incomplete or failing to state clearly the charges against him, is hereby interposed on
24 the following grounds:

25
26 a. Flotsol disputes the selling of a compression hoisery. The Nevada Board of
27 Pharmacy's ("BOP") investigator was out to entrap Flotsol's staff at Flotsol's
28

1 mall location. The fact that items were on display does not necessarily translate
2 to items being sold. Additionally, the products do not have an NDC number to
3 suggest that they cannot be touched and cannot be made available for sale.
4 Flotsol's store policy is to answer all questions and concerns of a client and will
5 only complete the transaction once the required Prescription is offered.
6 Meaning that a client can inquire about the quality of the material that was used
7 and feel the product but cannot leave the store or kiosk without the Prescription.
8 The process that the inspector described does not portray staff training on even
9 the non-Prescription 10/15 & 15/20 mmHg. Flotsol's store process was to
10 entertain all questions and concerns, followed by a measurement to guarantee
11 fit, go through client care & maintenance instructions for care and wear, before
12 payment is sought. The BOP investigator also never completed the sale. If he
13 had, Flotsol's staff would have requested a Prescription.

- 14
15
16
17 b. The same pattern of entrapment was displayed by the BOP investigator at
18 Flotsol's main office located at 2411 W. Charleston Blvd., Las Vegas, Nevada
19 89102. The BOP investigator was already biased when he walked into the
20 building based off of his experience at the mall. Similarly, no sale transaction
21 was completed. Flotsol also denies the statements that the BOP claims he made
22 to the investigator and considers them hearsay.
23
24 c. Mr. Adegboruwa's felony conviction should not lead to the revocation of
25 Flotsol's license. Flotsol may be operating without a qualified administrator,
26 but this is a curable offense as a new administrator may be hired. Mr.
27
28

Adegboruwa's actions should not be imputed to Flotsol, which is a separate legal entity.

2. That in answer to the Notice of Intended Action and Accusation, Flotsol admits the conviction of Mr. Oluwole Adegboruwa, but denies those allegations as stated below:

1st cause of action: Flotsol never sold any compression hosiery with a pressure rating 20mm Hg without a valid prescription.

2nd Cause of Action: Mr. Adegboruwa has a Certified Orthoist Fitter license that allows him to provide training to buyers of the product sold

3rd Cause of Action: Flotsol has kept good records of prescriptions for compression hosiery with greater than 20mm Hg sold to buyers. It was made available to BOP inspectors at various annual inspections.

4th Cause of Action: NAC 639.520 (Security of prescription departments) and NAC 639.210 (Educational qualifications: Approval of accredited programs of education in pharmacy) relates to a pharmacy operation and not a Medical Devices, Equipment and Gases ("MDEG") operation. There has been no reference to any MDEG statutes in the BOP's letter or Notice of Intended Action and Accusation.

5th Cause of Action: Flotsol is not unlawfully selling prescription required at another location other than it's main office located at 2411 W. Charleston Blvd., Las Vegas, Nevada 89102.

6th Cause of Action: Flotsol's employees did not commit any violation, therefore, it cannot be responsible for the actions that they did not commit.

7th Cause of Action: Flotsol's registration may be revoked, denied or suspended pursuant to NRS 639.2122, if was governed by NRS 639. However, Flotsol is a MDEG and so NRS 639 does not apply.

///

///

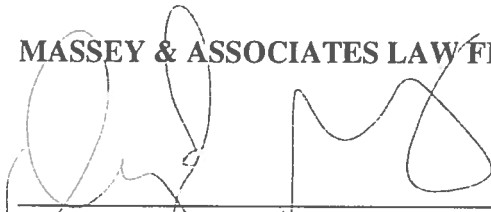
///

1 WHEREFORE, Plaintiff prays for relief as follows:

- 2 1. For a re-hearing on this matter; and
- 3 2. For reinstatement of Flotsol, Inc.'s license; or
- 4 3. For refund of \$500 paid for Flotsol, Inc.'s registration renewal.

5 Dated this 23rd day of April, 2015.

6 **MASSEY & ASSOCIATES LAW FIRM**

7 

8 Augusta Massey, Esq.
9 Nevada Bar No. 11037
10 7465 West Lake Mead Blvd. Suite 100
11 Las Vegas, NV 89128

COPY



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 13-046-MP-S
)	
Petitioner,)	
v.	)	FINDINGS OF FACT,
	)	CONCLUSIONS OF LAW AND
FLOTSOL, INC.	)	ORDER
Certificate of Registration No. MP00537,)	
)	
Respondent.	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, April 15, 2015, in Las Vegas, Nevada. S. Paul Edwards, Esq., appeared in his capacity as the Board's General Counsel. Respondent Flotsol, Inc. (Flotsol), Certificate of Registration No. MP00537, did not file an Answer and Notice of Defense, did not appear at the hearing and did not have counsel appear on its behalf. Based on evidence presented at the hearing, including evidence that Flotsol had been properly served, the Board enters its findings of fact, conclusions of law and orders:

FINDINGS OF FACT

A. Unlawful Sales of Prescription-Only Products

1. On or about September 12, 2013, the Board Office received a consumer complaint alleging that Flotsol was selling compression hosiery to the public without a valid prescription at its store located at 2411 W. Charleston Boulevard, Las Vegas, Nevada, and from an unlicensed kiosk located at an outlet mall on Charleston Boulevard.¹

¹ Compression hosiery with a pressure rating of greater than 20 millimeters of mercury cannot be sold lawfully without a written or an oral prescription or order from a practitioner.

2. On September 13, 2013, a Board Investigator and a Board Inspector went to the kiosk located in the outlet mall to investigate the complaint.

3. The Investigator and Inspector each observed a variety of compression hosiery on display, including prescription-required compression hosiery. The products were unsecured, open to public access and available for purchase without a prescription.

4. The Board Inspector approached the kiosk posing as a customer. He selected a pair of prescription-required compression hosiery and proceeded to Flotsol employee D.H. to purchase the hosiery.

5. The Inspector asked D.H. if the hosiery he was purchasing required a prescription. D.H. responded that they did not. D.H. did not offer training in the fitting and use of the compression hosiery that the Inspector was purchasing.

6. D.H. asked for the Inspector's credit card to complete the sale. At that point, the Inspector and Investigator identified themselves to D.H.

7. The Inspector and the Investigator, with D.H. present, inspected the products in the kiosk. The kiosk had an inventory of one hundred and twenty-seven pairs (127) of prescription-required compression hosiery.

8. The Inspector completed a "Receipt for Property" form itemizing the prescription-required compression hosiery products. He remained at the kiosk with D.H. while the Investigator went to Flotsol's main store located at 2411 W. Charleston Boulevard.

9. The Investigator entered Flotsol's store posing as a customer. He observed the compression hosiery products displayed in an unsecured area, with full public access to the prescription compression hosiery. The Inspector selected a prescription-required pair of compression hosiery and proceeded to the sale's counter.

10. Flotsol employee T.C. assisted the Investigator. As T.C. was in the process of completing the sales transaction, the Investigator identified himself as an Investigator for the Board.

11. During the interaction with the Investigator at Flotsol's store, Flotsol employee T.C. did not ask the Investigator for a prescription, inform him that a prescription is required or offer training by certified personnel in the fitting and use of the compression hosiery that he was purchasing.

12. Flotsol owner, Mr. Adegboruwa, presented himself to the Investigator at the sales counter. He told the Investigator that he was aware that a prescription is required for the compression hosiery that the Investigator was attempting to purchase.

13. The Investigator instructed Mr. Adegboruwa to segregate the prescription-required products in a secure area that did not allow public access to the products.

14. The Investigator asked Mr. Adegboruwa if Flotsol operates a kiosk located in the outlet mall. Mr. Adegboruwa admitted to having a kiosk, but denied that the kiosk contained prescription-required compression hosiery.

15. Upon further questioning, Mr. Adegboruwa admitted to stocking a few pairs of prescription-required compression hosiery at the kiosk. The Investigator informed Mr. Adegboruwa that the kiosk is not registered with the Board to sell prescription-required products.

16. On September 4, 2014, a second Board Inspector conducted an annual inspection of Flotsol at its Charleston Boulevard location. That Inspector observed prescription-required compression hosiery displayed in an unsecured area that was open to public access. The Inspector provided Flotsol with documentation of the issues identified during the inspection. On the inspection form, he instructed Flotsol to segregate prescription-required products in a controlled area.

17. On December 10, 2014, the Investigator and Inspector who visited Flotsol on September 13, 2013, returned to Flotsol's Charleston Boulevard location. Flotsol was in compliance with the regulations related to the securement of prescription-required compression hosiery.

B. Felony and Misdemeanor Convictions of Flotsol's Owner, Olu Adegboruwa

18. In October 2008, Flotsol's owner, Olu Adegboruwa was charged with three felony charges of (1) Submitting False Medicaid Claims in violation of NRS 422.540, (2) Theft in violation of NRS 205.0832, and (3) Obtaining and Using Personal Identifying Information of Another Person for Unlawful Purposes in violation of NRS 422.570, and an additional gross misdemeanor for Intentional Failure to Maintain Adequate Records in violation of NRS 205.463.

19. Mr. Adegboruwa holds at least ten (10) percent or more of Flotsol, Inc.'s corporate stock, and he is the corporation's president, secretary, treasurer and director, as indicated by information from the Nevada Secretary of State's Office.

20. On October 30, 2014, a jury found Mr. Adegboruwa guilty on all four charges.

21. On March 2, 2014, Mr. Adegboruwa was sentenced. Eighth Judicial District Court Judge David Barker sentenced Adegboruwa to 19 to 48 months in prison on each of the false claims and theft charges, 364 days in jail for inadequate record keeping and 22 to 96 months for the unlawful use of another's identification. All sentences are to run concurrent to each other and were suspended. As part of the sentence, Adegboruwa was ordered to pay \$21,595.68 in restitution and costs of the investigation and prosecution.

22. As a significant part of his sentencing, Judge Barker also ordered that Mr. Adegboruwa can have no involvement with any business that directly or indirectly receives Medicaid payments.

23. On March 11, 2015, Board Staff served the Notice of Intended Action and Accusation in this matter on Flotsol by certified mail sent to its last address of record.

24. On March 12, 2015, Board Staff served a Notice of Summary Suspension and a second copy of the Notice of Intended Action and Accusation in this matter on Flotsol by certified mail sent to its last address of record.

25. Flotsol did not respond to the allegations in the Notice of Summary Suspension or the Accusation.

26. On April 14, 2015, Mr. Adegboruwa sent an email message to Board Counsel, Mr. Edwards. In that email, he confirmed receipt of the Notice of Summary Suspension and the Accusation. He did not respond to any allegations in that Accusation, but stated that he would address those issues at an unspecified future date in the presence of his previously undisclosed counsel. Mr. Adegboruwa stated in the email that he would not appear at the April 15th hearing, but that he would appear at the Board's July 2015 meeting. At no time did Flotsol or its counsel request a continuance.

27. In a subsequent April 14, 2015 email, sent at 11:27 PM, Mr. Adegboruwa for the first time provided Mr. Edwards the name and contact information of his counsel.

28. Before the hearing on April 15, again during a break at the hearing, Mr. Edwards attempted to contact Flotsol's counsel at the Board's request. Those attempts were unsuccessful.

29. In light of the summary suspension of Flotsol's license, the requirements of NAC 639.6958, and in the absence of any request from Flotsol to continue the matter, the Board proceeded to hear the matter.

30. These findings are evidenced by exhibits and testimony presented to the Board at the hearing, which exhibits the Board admitted into evidence.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

31. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Flotsol, Inc., Certificate of Registration No.

MP00537, was registered with the Board as a Medical Device, Equipment & Gases (MDEG) provider.

32. The Board satisfied the notice and service requirements of NRS Chapter 639, and particularly NRS 639.242 and NRS Chapter 233B by sending by certified mail the Notice of Summary Suspension and two copies of the Notice of Intended Action and Accusation in this matter on Flotsol by certified mail sent to its last address of record.

33. Flotsol received timely notice of this action, did not file a response to the Accusation, nor did it request a continuance of the matter.

34. By selling compression hosiery with a pressure rating of greater than 20 millimeters of mercury without a valid prescription, Flotsol violated Nevada Administrative Code (NAC) 639.945(1)(h) and (i), NAC 639.6941(1)(a), NAC 639.6949, NAC 639.695 and NAC 639.69545(1), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (12) and 16, and NRS 639.255.

35. By failing to provide training to patients by a person who is certified in the use, fitting, maintenance and potential problems in the use of compression hosiery at the time the 20-30 mmHg. compression hosiery was dispensed and sold, Flotsol violated NAC 639.945(1)(i), NAC 639.6941(1)(a) and (e), and NAC 639.6951(2) and (3), and NAC 639.69545(2), which violations are grounds for action pursuant to NRS 639.210(1), (4), and NRS 639.255.

36. By failing to maintain a prescription record for compression hosiery with greater than 20 millimeters of mercury, which requires a prescription issued by a practitioner, Flotsol, violated NAC 639.482, NAC 639.695, NAC 639.706, and NAC 639.945(1)(h) and (i), which violations are grounds for action pursuant to NRS 639.210(4), and (17), and NRS 639.236 and NRS 639.255.

37. In failing to secure prescription-required merchandise, and allowing unauthorized public access to that merchandise, Flotsol violated NAC 639.520(1), which violations are grounds for action pursuant to NRS 639.210(4) and NRS 639.255.

38. In the unlawful selling of prescription-required merchandise at a location which was not licensed by the Board, Flotsol violated NAC 639.945(1)(f) and (k), NAC 693.6942 and/or NAC 639.6948, which violations are grounds for action pursuant to NRS 639.210(4), NRS 639.285, and NRS 639.255.

39. As the MDEG in which the above violations occurred, Flotsol is responsible for the acts of its employees pursuant to NAC 639.945(2), NAC 639.6941(1)(a), (2), and (3), and is therefore subject to discipline pursuant to NRS 639.210(4), (11), and (12), and NRS 639.255.

40. NRS 639.2122 allows the Board to “suspend, revoke or deny any . . . registration of a corporation where conditions exist in relation to any person holding 10 percent or more of the corporate stock of such corporation or to any officer or director of such corporation which would constitute grounds for disciplinary action against such person if he or she were a licensee.”

41. Mr. Adegboruwa’s felony conviction on charges of (1) submitting false Medicaid claims in violation of NRS 422.540, (2) theft in violation of NRS 205.0832, (3) obtaining and using personal identifying information of another person for unlawful purposes in violation of NRS 422.570, and his conviction of a gross misdemeanor of intentional failure to maintain adequate records in violation of NRS 205.463, along with his responsibility for the other allegations contained herein (*see* NAC 639.6941(1)(a), (2), and (3)), would constitute grounds for disciplinary action against him if he was a licensee, pursuant to NRS 639.210(1), (4), (6), (7) (a) and (c), (12), (17) and NRS 639.2121, as well as NRS 639.255.

42. Flotsol’s registration as a medical products provider authorized to sell medical devices, equipment and gases is therefore subject to discipline pursuant to one of more of the statutes or regulations cited above.


THEREFORE, THE BOARD HEREBY ENTERS DEFAULT AND ORDERS:

43. The registration of respondent Flotsol, Inc., Certificate of Registration No. MP00537, is hereby revoked effective immediately.

44. Flotsol, Inc., may not sell any medical equipment, device or gas, as defined in NRS Chapter 639 and NAC Chapter 639, unless and until it has applied to the Board for reinstatement and the Board reinstates its registration.

45. In the event Flotsol applies for reinstatement, or for any other registration or certificate with the Board, it shall appear, before the Board, through authorized representatives, to answer questions and give testimony regarding its application and the facts and circumstances underlying this matter.

Signed and effective this 21 day of April, 2015.



Kamlesh Gandhi, President
Nevada State Board of Pharmacy

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: Apnea Medical Services

Physical Address: 4955 S. Durango Drive, Suite 178, Las Vegas, NV, 89113
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Las Vegas State: Nevada Zip Code: 89113

Telephone: (702) 579-2273 Fax: NA

E-mail: Apneamedical@aol.com Website: NA

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: to Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Michael Huff RRT

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: Michael Huff RRT Telephone: (702) 525-0103

89805

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

N/A		

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

Callie D. Hines

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

Callie D Hines
Print Name of Authorized Person

09/04/2015
Date

Board Use Only	Received: <u>9/17/15</u>	Amount: <u>\$500.00</u>
----------------	--------------------------	-------------------------

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Callie D Hines

Business Name: Apnea Medical Services

Current Business Address: 4955 S. Durango Drive, Suite 178

City: Las Vegas State: Nevada Zip: 89113

Telephone: (702) 579-2273 Fax: N/A

SOLE OWNER

Include with the application for a sole owner

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

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 09/04/2015

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 MDEG
4955 South Durango Drive, Suite 178, Las Vegas 89113
Apnea Medical Services
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Hines Callie Deann
Last Name First Name Middle Name
Huff
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
241 Potosi Way Las Vegas, Nevada 89074
Present Residence Address-Street or RFD City State/Zip
4955 South Durango Drive, Suite 178 Las Vegas, Nevada 89113
Present Business Address City State/Zip
Marketing 08/15/2015
Occupation Dates
Phone: Residence Business (702)579-2273
Bellflower, California Los Angeles County
Date of Birth Place of Birth (City, County, State)
39 Female
Age Sex
Hazel Brown Fair 135 Medium 5'4"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NA

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 CA

MARITAL INFORMATION-Continued

A. **Current Marriage**..... Henderson, Nevada Clark County
City, County and State
 Spouse's full name (Maiden) ^{Date} Paul Francis Hines..... S.S. No.....
 Date of Birth..... Golden, Colorado
Place of Birth
 Resident address 241 Potosi Way Henderson, Nevada 89074
Street City State Zip
 Telephone: Residence Business (702) 693-5000
 Spouse's employer Hard Rock Hotel and Casino Occupation Table Games Dealer
 Address of employer 4455 E. Paradise Road Las Vegas, Nevada 89169
Street City State Zip

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

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

NA

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

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

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 CH

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

Michael D Huff8745 Vista Royale Ct, Las Vegas, NV, 89147 Respiratory Therapist

Mother

Stephanie Penrose10428 Merced Avenue, Delhi, California, 95315 Unemployed

Father-in-Law

George Hines (Deceased)NASafety for OSHA

Mother-in-Law

Teri Jones2760 Chokecherry Ave. Henderson, Nevada 89074 CPA**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
---------------	------------	---------	------------

Samantha Penrose 07/16/1987 5000 Butte Ave. # 186 Boulder, Colorado 80301 NA

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Webber Elementary	Westminster, Calif.	1985-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Pacifica	Garden Grove, Calif.	1991-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Nevada Las Vegas	Las Vegas, NV	2004-2007	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Community College of Southern Nevada	Las Vegas, NV	2000-2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelors Degree in Business Administration and MarketingCollege or university where obtained UNLVApplicant's initial CH

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

NA

Applicant's initial CH

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

- 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
01/2005 - Present	241 Potosi Way,	Henderson, Nevada, 89074	Clark County
01/2004 - 01/2005	555 Silverado Ranch,	Las Vegas, Nevada, 89183	Clark County
01/2003 - 01/2004	8745 Vista Royale Ct.	Las Vegas, Nevada, 89147	Clark County
06/2002 - 01/2003	277 Fancrest St.	Henderson, Nevada, 89052	Clark County
05/2001- 06/2002	2925 Wigwam Parkway,	Henderson, Nevada, 89074	Clark County
05/2000 - 05/2001	1050 Whitney Ranch Drive,	Henderson, Nevada, 89014	Clark County
06/1999 - 05/2000	2121 Club Meadows Drive,	Henderson, Nevada, 89074	Clark County
12/1998 - 06/1999	9590 Prairie Terrace,	Beaverton, Oregon, 97008	Washington County
05/1998 - 12/1998	1770 Green Valley Parkway,	Henderson, Nevada, 89074	Clark County
05/1997 - 05/1998	1381 Labrador Dr.,	Las Vegas, Nevada, 89122	Clark County
04/1990 - 04/1997	10601 Ritter St.	Cypress, California, 90630	Orange County

Applicant's initial

CAK

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
06/2015 - Present	Cheesecake Factory, Forum Shops, Las Vegas	NA
Title	Description of Duties	Name of Supervisor
Food Server and Sales	Customer Service, Sales, Accounting	Jason Spieler
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2013 - 05/2015	City of Henderson, 240 S. Water St., Henderson 89015	Flexibility and Nursing School
Title	Description of Duties	Name of Supervisor
Administrative Assistant	Accounts Recievable and Customer Service	Kelley Malmedal
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2000 - 09/2012	Hard Rock Hotel and Casino, Las Vegas, Nevada	Better Opportunity
Title	Description of Duties	Name of Supervisor
Cocktail Server	Beverage Server and Bartender for High Limit	Shawn Seminara
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2008 - 09/2009	Clark County School District Las Vegas, Nevada	Temporary Position
Title	Description of Duties	Name of Supervisor
Substitute Teacher	Teacher for Elementary Schools	Jolene Wallace
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/1999 - 04/2000	Black Angus, Henderson, Nevada	Better Job
Title	Description of Duties	Name of Supervisor
Food Server	Food Preparation and Service	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/1997 - 12/1998	Planet Hollywood	Better Job
Title	Description of Duties	Name of Supervisor
Food Server	Food Preparation and Service	John Newton
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/1992 - 04/1997	Coco's Bakery and Restaurant	Relocated to Las Vegas
Title	Description of Duties	Name of Supervisor
Hostess/Food Server	Cashier, Food Preparation and Service	NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial

CH

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Dorinda Kendall</u>	Home	<u>10514 La Cima Dr.</u>	<u>Whittier, Ca.,</u>	<u>90603</u>		<u>27 Years</u>
Employer <u>Student</u>	Business	<u>NA</u>				
Name <u>Mary Ragg</u>	Home	<u>3918 Villeroy Ave.</u>	<u>Las Vegas, NV.,</u>	<u>89141</u>		<u>15 Years</u>
Employer <u>Belluso Jeweler</u>	Business	<u>3325 Las Vegas Blvd.</u>	<u>Las Vegas, NV.</u>	<u>89109</u>		<u>—</u>
Name <u>Roseann Palazzola</u>	Home	<u>11069 Scotsraig Ct.</u>	<u>Las Vegas, NV.</u>	<u>89141</u>		<u>16 Years</u>
Employer <u>Thrive</u>	Business	<u>Same as above</u>				
Name <u>Todd Woods</u>	Home	<u>2440 Via Mariposa,</u>	<u>San Dimas, Ca.,</u>	<u>91773</u>		<u>8 Years</u>
Employer <u>Fire Dept Captain</u>	Business	<u>Los Angeles Fire Department California</u>				
Name <u>John Shroeder</u>	Home	<u>360 Kinley St.,</u>	<u>La Habra, Ca.,</u>	<u>90631</u>		<u>27 Years</u>
Employer <u>Real Estate</u>	Business	<u>Same as above</u>				

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

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

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

.....

.....

.....

Applicant's initial CD

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 09/04/2015

Applicant's initial CA

STATE OF Nevada

SS.

COUNTY OF Clark

I, Callie D. Hines, 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.

Callie D. Hines

Original Signature of Applicant

Subscribed and Sworn to before me this 4th day of

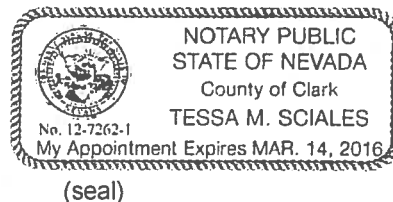
September, 2015

Tessa Sciales

Notary Public

State of Nevada

County of Clark



Applicant's initial

CH

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date 09/04/2015

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 and Medical Equipment

Nature of MDEG

Apnea Medical Services 4955 South Durango Drive, Suite 178, Las Vegas, Nevada, 89113

Name and Address of Business for Which MDEG Administrator Is Requested

NA

If applicable, Name Under Which It Is Now Operated



1. PERSONAL INFORMATION:

Huff Michael David
Last Name First Name Middle Name

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

8745 Vista Royale Ct Las Vegas Nevada 89147
Present Residence Address-Street or RFD City State/Zip

8280 W. Warm Springs Rd. Dates 7/2005 to Present Las Vegas, Nevada 89107
Present Business Address City State/Zip

NA Dates
Present Position with the MDEG

Phone: (702) 525-0103 Fax: NA

Email address: _____

Date of Birth Staten Island, Richmond County, New York
Place of Birth (City, County, State)

59 Male
Age Social Security Number Sex

Blue Brown 180 5' 10"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Tattoo (r) forearm and (r) back shoulder

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.

07/18/2005 - Present St Rose Hospital (San Martin) 8280 W. Warm Springs Rd. LV 89113 16,000 +

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Neo-Natal Pediatric Specialist	Critical Care respiratory for	
Registered Respiratory Therapist	Adults, Pediatrics and Neonates	Anthony White
Title	Description of Duties	Name of Supervisor
	Professional Respiratory Care Services	
09/16/2004 - 07/18/2005	2110. Flamingo Rd. # 109, LV 89119	1500 +

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Registered Respiratory Therapist	Critical Care and all Respiratory Duties	Jerry S
Title	Description of Duties	Name of Supervisor
	Premium Healthcare	
02/2000 - 08/2004	3201 S. Maryland Pkwy, Suite 608, LV 89107	10400 +

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Operations Manager	Responsible for all the daily operations including	
Administrator	Clinical, Billing, Regulations, Staffing and Equipment	Dr. Luis Martinez
Title	Description of Duties	Name of Supervisor

02/1996 -02/2000 1800 W. Charleston Blvd, Las Vegas, NV 89102 7400 +

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Respiratory Therapist	Trauma, PICU, NICU, ER and all Critical Care Respiratory	
	including all duties related to Respiratory Therapy	Gerry Daino
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, See Attachment for Explanation

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: See Attachment for Explanation

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 PH

TAKEN W

30 DAYS

Date of photograph




09/04/2015

[Handwritten signature]

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

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


.....
Original Signature of Applicant



Explanations

To the Pharmacy Board of Nevada :

Regarding the first question about substance abuse, in April of 2013, I successfully completed a year program with the PRN-PRN program. I have had no further problems since and have maintained a recovery program. Please call Larry Espadero to verify at (702) 251-1377.

Question # 2

I have (3) misdemeanor convictions.

1) The first was in 1984 for Misdemeanor in Westminster, Ca. case # 370206 , Accessory after the fact. It was over 30 years ago. I used very bad judgment by associating with a person of bad character and was charged with a misdemeanor for spending money that was acquired in a crime. I was put on probation for 5 years which I completed. This case has been expunged.

2) The second was in 1986 for a Misdemeanor, DUI in Anaheim. No case # available since record was sealed over 20 years ago. I paid the fines and completed alcohol school and the required probation for a first time DUI. This case was sealed and is no longer on my record.

3) The third was in 2006 for a Misdemeanor, DUI in Las Vegas, case # 2589965. It was 9 years ago. I paid the fines and completed the alcohol school and completed the probation and haven't driven under the influence since.

Question # 3

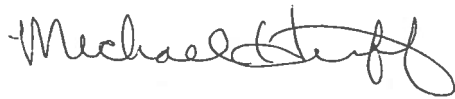
In March of 1996 I was offered a probationary License to Practice Respiratory Care in California, but I declined the license due to the fact that I wanted to stay in Las Vegas, Nevada, since I was already working at University Medical Center. I was under the impression that I was surrendering my license, but later realized that because I declined the probationary license it was considered revoked, and I would have to wait 3 years to reapply. I actually never had the opportunity to practice in California.

I have also been investigated by the Nevada State Medical Board, however I have no public actions. Please contact Joanna LaRue the Compliance Officer with the board if you have any questions or concerns at (775) 688-2559, ext. 229.

I would like to mention to the Pharmacy Board that I have been a licensed Respiratory Therapist with the Nevada State Medical Board since 2004. I have also worked at the same hospital for 10 years; St Rose Dominican Hospital, San Martin Campus. I have also gone back to school and received a Bachelor's Degree in Business Administration from the University of Phoenix and have become a Board Certified Registered Respiratory Therapist and Neo-Natal Pediatric Specialist.

I realize that I have had a few problems in the past, however, I would like to reassure the board that I have learned from my mistakes. I have also exceeded all expectations at work and can prove it with my most recent evaluation. I look forward to the opportunity to go in front of the Pharmacy Board to address any concerns or questions that the board might have.

Sincerely,

A handwritten signature in black ink that reads "Michael Huff". The signature is written in a cursive, flowing style with a large, stylized "H" and "f".

Michael Huff, BS RRT-NPS



Nevada State Board of Medical Examiners

May 21, 2013

Michael Huff, RRT
8475 Vista Royale Ct.
Las Vegas, NV 89147

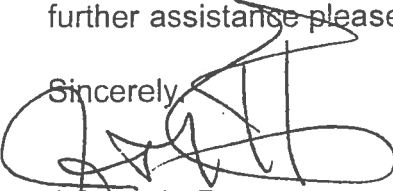
Re: BME Case 12-13752

Dear Mr. Huff:

This correspondence is to inform you that with your completion of the PRN/PRN of Nevada program, the Investigative Committee of the Nevada State Board of Medical Examiners is satisfied. As you have fulfilled the terms of your contract with PRN/PRN, your Compliance File with the Nevada State Board of Medical Examiners has been closed.

Thank you for your cooperation on this matter. If you have any questions or I may be of further assistance please don't hesitate to contact me at (775) 688-2559, ext. 229.

Sincerely,


Johnna LaRue
Compliance Officer
Nevada State Board of Medical Examiners

☐ **LAS VEGAS OFFICE**
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

☒ **RENO OFFICE**
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2321

Blank

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input 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 to be completed by all types of ownership

MDEG Name: HST, LLC

Physical Address: 9017 S. Pecos Rd. #4500, Henderson, NV 89074
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1000 N. Green Valley Pkwy, # 440-644

City: Henderson State: NV Zip Code: 89074

Telephone: 702-210-8466 Fax: 702-897-0574

E-mail: HSTNV@cox.net Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6

Fri: 9 to 6 Sat: 10 to 2 Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Christina Malfetta

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** <u>APAP</u> | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** <u>machines</u> | <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: Christina Malfetta Telephone: 702 210-8466

89804

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:

143712 3411 _____
118 480 3801 _____

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. ^{NO}

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: <u>n/a</u>
<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.

Christina Malfetta

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

Christina Malfetta

Print Name of Authorized Person

8-17-15
Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Christina Malfetta
Business Name: HST, LLC
Current Business Address: 9017 S. Pecos Rd, # 4500
City: Henderson State: NV Zip: 89074
Telephone: 702 210-8446 Fax: 702-897-0574

SOLE OWNER

Include with the application for a sole owner

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

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

✓ Date 8-17-15

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 dispensing of home sleep test and sale of cpap machine:

Nature of License
HST, LLC 9017 S. Pecos Rd. #4500, Henderson, NV 89074

Name and Address of Establishment for Which License Is Requested
HST, LLC

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

molfetta Christina —
Last Name First Name Middle Name

maiden name - Olivera
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

2246 Driftwood Tide Ave, Henderson, NV 89052
Present Residence Address-Street or RFD City State/Zip

9017 S. Pecos Rd. #3700 Henderson, NV 89074
Present Business Address Dates City State/Zip

Owner 9/01 - 6/08 & 9/13 - Present
Occupation Dates

Phone:
Residence

Business 702-896-7378

1-1-1 Detroit, MI
Date of Birth Place of Birth (City, County, State)

45 F
Age Sex

Brown Brown Olive 164 n/a 5'5"
Color of Eyes Color of Hair Complexion Weight Build Height

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 C.M.

MARITAL INFORMATION-Continued

A. **Current Marriage** St. Lucia Island
 Spouse's full name (Maiden) Eric Malfetta Date City, County and State S.S. No.
 Date of Birth Place of Birth Bronx, NY
 Resident address 2246 Driftwood Tide Ave, Henderson, NV 89050
 Telephone: Residence Business 702 296-4848
 Spouse's employer Colliers Intl Occupation Commercial Broker
 Address of employer 3960 Howard Hughes #150, Las Vegas, NV 89169

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

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 C.M.

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

Frank Olivera

303 E. Washington St.

Bensenville, IL 60006 Retired

Mother

Nereida Olivera

504 E. Jefferson

Bensenville, IL 60006 Retired

Father-in-Law

John Molfetta

1767 Sebring Hills

Henderson, NO 89050 Retired

Mother-in-Law

Bev Molfetta

1767 Sebring Hills

Henderson, NO 89052 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
---------------	------------	---------	------------

Denise Larsen

1208 Ash

Bensenville, IL 60006 United Airlines

Spouse

Gary Larsen

1208 Ash

Bensenville, IL 60006 unemployed

Frank Olivera

1030 Ute, Ponite Dr.

Lake in the hills, IL 60156 unemployed

Spouse

none

N/A

N/A

Mike Olivera

1 Julie Ct

Elgin, IL 60120 Olivera designs

Spouse

Kirk Olivera

1 Julie Ct

Elgin, IL 60120 Separated

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar

School

Blackhawk Jr High

Bensenville, IL

1982-1983

Yes ☒ No ☐

High

School

Fenton High School

Bensenville, IL

1984-1987

Yes ☒ No ☐

College

University

N/A

Yes ☐ No ☐

Other

Yes ☐ No ☐

Type of degree obtained, if any..... N/A

College or university where obtained..... N/A

Applicant's initial..... C.M.

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 C.M.

Page 4

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
Nocturna	Sleep center	10-4-05

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
11/05 - Present	2246 Driftwood Tide	Henderson, NV	89074 Clark
11/99 - 11/05	2358 Brockton Way,	Henderson, NV	89074 Clark
11/95 - 11/99	Irvine,	California	CA, Orange
1/84 - 11/95	501 E. Jefferson,	Bensenville, IL	6006 Dpage

Applicant's initial C.M.
 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.

2001 - Present

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2001 - Present	Nocturna Sleep Centers 9077 S. Pecos Rd. #3700, Hemet, NV 89074	
Title	Description of Duties	Name of Supervisor
Owner	Perform in lab diagnostic studies	me!

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2012 - 2013	Monnalisa Henderson, NV 89050	closed business
Title	Description of Duties	Name of Supervisor
Owner	kids clothing store	me!

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2010 - 2013	Arch Pedispa Eastern Ave Henderson, NV 89052	closed business
Title	Description of Duties	Name of Supervisor
Owner	nail Salon	me!

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2000	American Home Patient Las Vegas	opened new company
Title	Description of Duties	Name of Supervisor
Salesrep	Sell home O2 and CPAP Equip	Holly Orsulak

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1995 - 1999	Aprin Healthcare Costa Mesa, CA	too much Travelling
Title	Description of Duties	Name of Supervisor
Efficiency Expert	operations for DME company	Tony Dominico

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1997 - 1999	Abbey Home Health	Corp Merger
Title	Description of Duties	Name of Supervisor
Admin Asst	Secretarial	Monny

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1990 - 1997	WOP/Allred Signal	Better pay
Title	Description of Duties	Name of Supervisor
Graphics	Graphics Dept	Debra

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 C.M.
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	Tara Knightly	Home	535 S. Arlington Hts Rd.	Arlington Hts	60005	35
Employer	The Ruma Place	Business	40 E. Rand Rd	Arlington Hts		
Name	Tracie Markas	Home	2000 Lucky John Dr.	Park City, UT	84060	35
Employer	Self	Business	N/A			
Name	Lara Tucker	Home	13310 Inwood Dr	Woburn, MA	01801	25
Employer	Aprion	Business	N/A			
Name	Jacquez Alger	Home	N/A military back	Just moved to Vegas		20
Employer	Self	Business	N/A			
Name	Etela Berry	Home	1005 Catalpa St	Las Vegas, NV	89117	10
Employer	Self	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

Manicurist, Henderson NV, 2010 - 2013

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 C.M.

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 8-17-15

Applicant's initial C.M.

STATE OF Nevada SS.

COUNTY OF Clark

I, Christina Malfetta, 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.

Christina Malfetta
Original Signature of Applicant

Subscribed and Sworn to before me this 17th day of August 2015

Estrella Ponce
Notary Public



Applicant's initial C.M.
Page 9

Blank

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input 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: U.S. Homecare

Physical Address: 3325 W. Sunset Road, Suite I, Las Vegas, NV 89118
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3325 W. Sunset Road, Suite I

City: Las Vegas State: NV Zip Code: 89118

Telephone: 800-991-6541 Fax: _____

E-mail: info@ushomecare.com Website: www.USHomecare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00

Fri: 8:30 to 5:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Joyce Frenzel and Estuardo Gallardo

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>Wound Care & Diapers</u> |

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

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: _____ |
| <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.

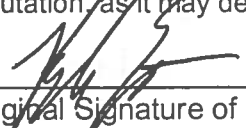
Within the last five (5) years:

- 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

Kyle Sather CEO
Print Name of Authorized Person

9/17/15
Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Corporation Name: U. S. Homecare Products

Mailing Address: 3325 W. Sunset Road, Suite I

City: Las Vegas State: NV Zip: 89118

Telephone: 800-991-6541 Fax: _____

Contact Person: Kyle Sather

For any corporation non publicly traded, disclose the following:

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

a) Kyle Sather 6411 Nancy St, Los Angeles, CA 90045
Name Address

b) Clark Sather 4253 Las Virgenes Road #1, Calabasas, CA 91302
Name Address

c) Abena Holding Egelund 35, 6200 Aabensraa, Denmark
Name Address

d) Kelly Torgeman 10948 Alta View Drive, Studio City, CA 91604
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. 5400

3) What was the price paid per share? \$1.85

4) What date did the corporation actually receive the cash assets? 9/1/15

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

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9/17/15

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 MDEG
U.S. Homecare 3325 W. Sunset Road, Suite I, Las Vegas, NV 89118
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	<u>Sather</u>	First Name	<u>Kyle</u>	Middle Name	<u>Robert</u>
<small>Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)</small>					
<u>6411 Nancy St</u>	<u>Los Angeles</u>	<u>CA 90045</u>			
<small>Present Residence Address-Street or RFD</small>	<small>City</small>	<small>State/Zip</small>			
<u>14941 Culver St</u>	<u>Van Nuys</u>	<u>CA 91411</u>			
<small>Present Business Address</small>	<small>City</small>	<small>State/Zip</small>			
<u>CEO - Medical Supplier</u>	<u>4/15/1998</u>				
<small>Occupation</small>	<small>Dates</small>				
	<u>Ending Los Angeles CA</u>				
		<small>Phone: Residence</small>			
		<small>Business</small>	<u>844-723-6648</u>		
<small>Date of Birth</small>	<u>44</u>		<small>Sex</small>	<u>Male</u>	
<small>Age</small>					
<u>Blue</u>	<u>Brown</u>	<u>White</u>	<u>175</u>	<u>Average</u>	<u>6'1"</u>
<small>Color of Eyes</small>	<small>Color of Hair</small>	<small>Complexion</small>	<small>Weight</small>	<small>Build</small>	<small>Height</small>

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

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

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial KS

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) Sheri Ann Bergeron ^{Date} Mission Viejo, Orange, CA ^{City, County and State}
 Date of Birth 03/02/1976 ^{S.S. N}
 Resident address 6411 Nancy St Los Angeles CA 90045
 Telephone: Residence _____ Business _____
 Spouse's employer N/A Occupation _____
 Address of employer _____

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

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

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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

KS

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

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

Father

Bruce Sather

4613 Romborg Pl Woodland Hills CA 91364 - Retired

Mother

Karen Sather ^{Rushmore -}

4613 Romborg Pl. Woodland Hills CA 91364 - Retired

Father-in-Law

Tom Bergeron

11377 Loch Lamond Los Alamitos CA 90720 - Retired

Mother-in-Law

Cathy Duka

11377 Loch Lamond Los Alamitos CA 90720 - 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
---------------	------------	---------	------------

Clark Sather

4253 Las Virgenes Rd #1 Calabasas, CA 91302 - Marketing

Spouse

Julie Reiner

4253 Las Virgenes Rd #1 Calabasas CA 91302 - Church Employee

Kelly Sather

10948 Alta View Drive Studio City CA 91604 - Pilates Studio

Spouse

Dave Tourgeman

10948 Alta View Drive Studio City CA 91604 - Doctor

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Calabasas	Woodland Hills		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School El Camino Real	West Hills	1986-89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University of Colorado	Boulder	89-92	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Loyola Law School			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any JD of Law

College or university where obtained Loyola Law School

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft?

Yes ☒ No ☐

County Los Angeles State CA Date registered No memory

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

HS

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
Defendant	2012 or 2013	*	Los Angeles, CA	Settlement
* All documents were destroyed in fire. The case was an unlawful termination case. I was an officer of the corporation that was sued.				

- 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
KCK Industries, Inc.	Corp.	2012-2013

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
2008 to Present	6411 Nancy St.	Los Angeles	CA
2000 to 2008	10866 Rose Ave	Palms	CA
1995 to 2000	106xx Palms Ave	Palms	CA
1991 to 1995	xxxx Bentley Ave	Los Angeles	CA

Applicant's initial

KS

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 10/1989	Name/Mailing Address of Employer/Business Amecis West Hills, CA	Reason for Leaving Voluntary Termination
Title N/A	Description of Duties Pizza Delivery - 5 years out of	Name of Supervisor Multiple
Month and Year 1990	Name/Mailing Address of Employer/Business Subway Boulder, CO	Reason for Leaving Can't Recall
Title N/A	Description of Duties Customer Service	Name of Supervisor Can't Recall
Month and Year 1992	Name/Mailing Address of Employer/Business White Front Inn Louisville, CO	Reason for Leaving Voluntary Termination
Title N/A	Description of Duties Bartender	Name of Supervisor Can't Recall
Month and Year 04/1998	Name/Mailing Address of Employer/Business KCK Industries, Inc 14941 Culvert St.	Reason for Leaving Presently Employed
Title Multiple -> Currently CEO	Description of Duties	Name of Supervisor N/A
Month and Year 01/2014	Name/Mailing Address of Employer/Business Aberna North America 5711 Slanson Ave #110	Reason for Leaving Culver City 90230 Presently Employed
Title CEO	Description of Duties	Name of Supervisor N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
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

KS

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>Rakesh Ahuja</u>	Home					<u>7</u>
Employer <u>SFA Group</u>	Business	<u>30300 Agoura Rd #180</u>	<u>Agoura Hills</u>	<u>CA</u>	<u>91301</u>	<u>44/41</u>
Name <u>Andrew Apfelberg</u>	Home					<u>35</u>
Employer <u>Greenberg Glusker</u>	Business	<u>1100 Avenue of the Stars</u>	<u>Los Angeles</u>	<u>CA</u>	<u>90067</u>	
Name <u>Frank Bellinghiese</u>	Home					<u>40</u>
Employer <u>FRMG</u>	Business	<u>P.O. Box 10728</u>	<u>Jackson</u>	<u>WY</u>	<u>83002</u>	
Name <u>Greg Bergeron</u>	Home					<u>9</u>
Employer <u>Cal State Long Beach</u>	Business	<u>1250 Bellflower Blvd</u>	<u>Long Beach</u>	<u>CA</u>	<u>90840</u>	
Name <u>Jenny Chen</u>	Home					<u>7</u>
Employer <u>Cathay Bank</u>	Business	<u>9650 Flair Drive</u>	<u>El Monte</u>	<u>CA</u>	<u>91731</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	<u>Lawyer</u>	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

California State Bar - Since 1998

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.

① Home Medical Device Retailer → CA since 1982 ② Exemptee of CA State Board of Pharmacy → 7 years ③ CA Medicaid or Medi-Cal from 1980's until 2014 ④ CA Wholesaler of Dangerous Drugs & Devices 1980's until present. ⑤ DEA license 10 years in late 80's & 90's

Applicant's initial

RS

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

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

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

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

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

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

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

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



Date of photograph 1/11/12

Applicant's initial

KS

STATE OF California

SS.

COUNTY OF Los Angeles

I, Kyle Robert Sather

, 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.


Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

See attached Notary Certificate



9.17.15

Applicant's initial



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

County of Los Angeles

S.S.

Month

Name of Signer (1)

Name of Signer (2)

proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.

Signature of Notary Public

For other required information (Notary Name, Commission No., etc.):



GABRIELLA S. LOUGHNOT
COMM. #2034242
 Notary Public - California
 Los Angeles County
 My Comm. Expires July 21, 2017

Sea

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

The certificate is attached to a document titled/for the purpose of

containing 9 pages, and dated 9.17.15

Method of Affiant Identification

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe:

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date 9/17/15

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 - Wound Care

Nature of MDEG

U.S. Homecare Products 3325 W. Sunset Road, Suite I, Las Vegas, NV 89118
Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Gallardo Estuardo _____
Last Name First Name Middle Name

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

17845 Sherman Way #10 Reseda CA 91335
Present Residence Address-Street or RFD City State/Zip

3325 W. Sunset ^{#3} Ave Las Vegas NV 89118
Present Business Address City State/Zip

Warehouse Manager _____
Present Position with the MDEG Dates

Phone: _____ Fax: _____

Email address: _____ om

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

31 _____ Male
Age Sex

Brown Black 167 5' 8
Color of Eyes Color of Hair Weight Height

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.)

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.

Nov. 2002.	KCH INDUSTRIES	13,520 hrs.
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Warehouse Manager	Warehouse Activities	Kyle Sather
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

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

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

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

a) Board Administrative Action: State: _____
b) _____

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

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

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

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

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

.....
.....
.....
.....
.....
.....

ATTACH PHOTO

TAKEN WITHIN

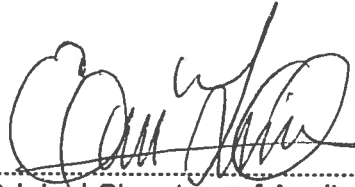
30 DAYS BEFORE

Date of photograph.....



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

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

A handwritten signature in black ink, appearing to read 'Estuardo Gallardo', written over a horizontal dotted line.

Original Signature of Applicant

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☑ Date 9/17/15

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 - Wound Care

U.S. Homecare Products Nature of MDEG
3325 W. Sunset Rd, Suite I, Las Vegas, NV 89118
Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

FRENZEL JOYCE MELANIE
Last Name First Name Middle Name

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

2423 ANTLER POINT DR HENDERSON NV 89074
Present Residence Address-Street or RFD City State/Zip

3325 W JUNETAVE #1 DATES LAS VEGAS NV 89118
Present Business Address City State/Zip

GENERAL MANAGER DATES
Present Position with the MDEG

Phone: _____ Fax: _____

Email address: _____

Date of Birth _____ PALOMA, LOS ANGELES, CA
Place of Birth (City, County, State)

35 _____ F
Age Social Security Number Sex

GREEN RED/BROWN 180 5' 6"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics 3 inch scar on
shin of right leg, scorpion heart tattoo on abdomen

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

A

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.

02/2014	KCK INDUSTRIES INC.	3040
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
GENERAL MANAGER	EMPLOYEE & PRODUCT MANAGEMENT	KYLE SATHER
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

JF

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?

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

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

.....
.....
.....
.....
.....

ATTACH PHOTO

TAKEN WITH

30 DAYS HERE

Date of photograph 9/1/11



h

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

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

Joyce Frenzel
Original Signature of Applicant

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Consonus Pharmacy Services, LLC
Physical Address: 6351 N. Fort Apache Rd
Mailing Address: ~~(same)~~ 4560 SE International Way #100 Milwaukie OR 97222
City: Las Vegas State: NV Zip Code: 89149
Telephone: (877) 311-1499 Fax: (877) 728-8799
Toll Free Number: (877) 311-1499
E-mail: jfree@consonushealth.com Website: www.consonushealth.com
Managing Pharmacist: Eric Lintner License Number: 18956

Hours of Operation:

Monday thru Friday <u>8</u> am <u>6</u> pm	Saturday <u>8</u> am <u>4</u> pm
Sunday <u>8</u> am <u>4</u> pm	24 Hours <u>on call</u>

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input checked="" 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 checked="" type="checkbox"/> Off-site Cognitive Services <input checked="" type="checkbox"/> Parenteral <input checked="" type="checkbox"/> Parenteral (outpatient) <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input checked="" 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

JOSEPH FREE
Print Name of Authorized Person

9/17/2015
Date

Board Use Only

Received: _____ Amount: \$500.00

Consonus Pharmacy Services, LLC
4560 SE International Way #101
Milwaukie, OR 97222
(877)311-1499

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

5/26/2015

To Whom It May Concern,

In response to question 3 on the application for a Nevada pharmacy license, this statement of explanation addresses two recent concerns with the Oregon Board of Pharmacy.

Case 2013-0542

The first case pertains to a pharmacist who dispensed finasteride to a female patient pursuant to what we believed to be a valid order. I have attached a copy of the consent order, which was originally proposed against the individual practitioner and not against our business license. We discussed this case in person at the Nevada Board of Pharmacy meeting on April 16, 2015 as we applied for a non-resident pharmacy permit for our Oregon location (which was approved).

Our first concern here is for the health and safety of this patient and all of our patients. While we believe disciplinary action was unnecessary in this case, we certainly agree with taking measures to protect patients and prevent this from happening again.

In this case, we received orders that, unknown to us, had been mixed with another patient's orders prior to transmission to the pharmacy. There was no name or other identifying information on the documentation that could have alerted our staff to this error. The corrupted documentation contained many drug orders, but only one was deemed problematic in the investigation. The patient was female, and there was an order for finasteride which is most commonly (but not always) used in males.

The opinion of the Oregon board was that our pharmacist should have taken action on the finasteride order as part of DUR. We agree that this would have been ideal; however we felt that the pharmacist did exercise reasonable professional judgement. The orders indicated that the patient had already been taking finasteride, and we do have other female patients taking it as well. It is also unclear whether questioning the finasteride order, which had no known negative impact on the patient, would have

prevented the dispensing of other drugs contained within the corrupted documentation that *did* result in a negative outcome.

The patient was hospitalized briefly, but fortunately recovered from the incident and was able to return to the assisted living facility where she had been residing. In order to settle the matter without going to hearing, and to prevent what we considered unreasonable discipline against our pharmacist, Consonus voluntarily paid a fine and accepted the consent order on the business license.

Case 2013-0472

This case pertains to verification practices for emergency kits in Oregon skilled nursing facilities. The attached letter from legal counsel explains our position, and the consent order is included.

As with the previous case, our first priority is the safety and wellbeing of our patients. We had every intention of practicing pharmacy within the rules and regulations set forth by the board, and we always seek to cooperate in any inquiry. Oregon rules do not specifically address emergency kits, and we voluntarily amended our process to fit the current interpretation as soon as that interpretation was made clear to us.

Through the investigation, I attempted to engage in discussion about the rules and the standard of practice in Oregon. This unfortunately resulted in concerns that we were not cooperating. I fully denied this allegation as it was never my intention to be uncooperative in any way. Please note in the consent order that we chose to resolve the matter without going to hearing and that there is no admission of wrongdoing.

I am confident that both of these matters are behind us and that our organization's commitment to quality and patient safety are as strong as ever. Please feel free to contact me with any questions or concerns.

Sincerely,



Joshua Free, PharmD
Director of Pharmacy Operations
Consonus Pharmacy, Oregon
p: 971 206-2068
e: jfree@consonushealth.com

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Retail and) Case No. 2013-0542
Institutional Drug Outlet License of)
)
CONSONUS PHARMACY SERVICES) **STIPULATED CONSENT ORDER**
)
Registrant)

The Oregon Board of Pharmacy (Board) is the state agency responsible for licensing and drug outlets in the State of Oregon and regulating the practice of pharmacy pursuant to ORS Chapter 689.

WHEREAS, the Board of Pharmacy of the State of Oregon is prepared to file a Notice of Proposed Disciplinary Action regarding the Registrant in the above-captioned matter based on the Registrant's admitted violations of Oregon Administrative Rules and Revised Statutes; and

WHEREAS, the Registrant is aware of the right to notice and a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the parties are desirous of resolving and settling those matters without further proceedings thereon; and

WHEREAS, on or about 11/26/2013, an employee of Registrant of Consonus Pharmacy Services located in Milwaukie, dispensed a female patient finasteride without questioning why this patient needed finasteride in violation of OAR 855-019-0200(2), and (3), OAR 855-019-0220(3), and OAR 855-019-0310(11) which is grounds for discipline pursuant to ORS 689.405(1)(e)(B); and

WHEREAS, the Registrant did not ensure compliance with the above referenced Oregon Revised Statutes and Administrative Rules in the above incident in violation of OAR 855-041-1010(2); and

WHEREAS, Registrant and the Board now hereby agree to resolve this matter, pursuant to ORS 183.417(3) (permitting informal disposition of contested cases), under the following agreed terms and stipulations:

1. The registrant shall be assessed a civil penalty in the amount of \$1,000, with \$500 stayed pending (\$500 imposed):

- a. Submission of a Quality Assurance Plan acceptable to the Board to correct violations as noted above. Quality Assurance Plan with a copy of this order to be submitted within ten days from the date this Consent Order becomes final;
- b. No further similar violations for three years;

47 c. The registrant shall pay the Board the \$500 civil penalty imposed within ten days
48 from the date this Consent Order becomes final.
49

50 2. Failure of the registrant to comply with the sanctions of this Consent Order may,
51 after notice and hearing, result in further disciplinary action including the reinstatement of the
52 \$500 civil penalty stayed above.
53

54
55 **CONSENT**
56

57 Registrant understands and agrees that he/she has read and understands the terms of this
58 agreement and Stipulated Consent Order.
59

60 Registrant understands and agrees that this Stipulated Consent Order and all documents
61 incorporated by reference set forth the entire agreement of the parties.
62

63 Registrant agrees to all the terms of this document including that the Board may enter this
64 stipulation as a final order resolving this matter.
65

66
67 IT IS SO AGREED:
68

69
70 _____
71 CONSONUS PHARMACY SERVICES
72 Registrant (License Nos. IP-0002138 and RP-0002155)
73
74

1/28/2015

Date

75 IT IS SO ORDERED.
76

77
78 BOARD OF PHARMACY
79 FOR THE STATE OF OREGON
80

81
82 _____
83 Gary Miner, R.Ph.,
84 Compliance Director
85

3/17/15

Date

LINDSAY HART, LLP
1300 SW 5TH AVENUE, SUITE 3400
PORTLAND, OR 97201-5640
P: 503.226.7677 | F: 503.226.7697
Federal ID: 93-1034742

WASHINGTON, D.C. OFFICE
TELEPHONE: 202-783-3333
FAX: 202-783-4433

May 12, 2015

RE: Consonus Pharmacy Services, LLC and Joshua L. Free R.Ph.
Board Case Nos: 2013-0472 and 2014-0073

To Whom it May Concern:

I represented Consonus Pharmacy and Joshua Free, R.Ph. in connection with the Oregon State Board of Pharmacy's Notices of Proposed Disciplinary Action, copies of which are enclosed. Consonus Pharmacy and Mr. Free promptly requested a hearing and answered the Notices by denying the allegations against them. A copy of the Answers and Requests for Hearing are also enclosed.

A consolidated hearing was scheduled for May 6, 2015. In advance of the hearing, I informed the compliance director and attorney for Oregon Board of Pharmacy that Consonus and their PIC, Mr. Free, were ready to proceed to hearing with multiple experts who would testify:

- Consonus' prior practice for checking e-Kits was accepted practice for long term care pharmacies prior to these proceedings;
- There is no Board of Pharmacy administrative rule which specifically addresses e-Kits;
- The disciplinary notice cites OAR 855-025-0025(4) which states "Work performed by pharmacy technicians and certified pharmacy technicians assisting the pharmacist to prepare medications must be verified by a pharmacist prior to *release for patient use*. Verification must be documented, available and consistent with the standard of practice." E-Kits are never released for patient use. E-Kits are only released to a licensed facility and nurse;
- While pharmacy rules do not specifically address verification of e-Kits, OAR 855-041-6305 addresses the use of a "night cabinet" which appears to be the closest thing resembling an e-Kit in the administrative rules. There is no mention in OAR 855-041-6305 as to who is allowed to stock the night cabinet;
- Consonus and other pharmacies in the industry historically followed the Institutional Pharmacy Rules that pertain to "absence of a pharmacist." (OAR 855-041-6300 through 855-041-6310);

May 13, 2015

Page 2

- The Floor Stock Rules (OAR 855-041-6560 and Tray-Kit Rules (OAR 855-041-6570) specifically reference "hospital". These rules do not reference long term care pharmacies or skilled nursing facilities.

Following receipt of this information, the Board agreed to enter into a Consent Order with Cononus and Mr. Free resolving all issues. Copies of the Consent Orders are enclosed. This was a compromise of a disputed claim. Please note that neither Consonus nor Mr. Free admitted the facts alleged in the Board's Notice.

Cosonus and Mr. Free will fully comply with the Consent Orders. Indeed, in advance of the Consent Order, Mr. Free had already registered and planned to complete the Board's PIC training class. Mr. Free is committed to excellence. It is my information and belief that Mr. Free is a valuable Consonus employee whose continued role as PIC is viewed as vital to the organization. He has assumed leadership statewide, having been elected to serve as the President Elect of the Oregon State Pharmacy Association. He is committed to fully understanding the laws and regulations pertaining to his responsibilities as a PIC.

I anticipate there will be no issues or concerns from this point forward.

Please let me know if you need any additional information.

Sincerely,

A handwritten signature in dark ink, appearing to read "Connic Elkins McKelvey". The signature is written in a cursive style with a large, sweeping initial 'C'.

Connic Elkins McKelvey

CEM:skw
Enclosures

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2013-0472
Drug Outlet Registration)
)
CONSONUS PHARMACY SERVICES LLC dba:) NOTICE OF PROPOSED
CONSONUS PHARMACY SERVICES) DISCIPLINARY ACTION;
) ANSWER REQUIRED
Registrant)

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. IP-0002138 because Consonus Pharmacy Services violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

Prior to 10/23/2013, Consonus Pharmacy Services in Milwaukie, Oregon failed to have a pharmacist verify the contents of eKits assembled for distribution to their long term cliental and a non-pharmacist employee sealed the eKits before they reached a pharmacist for verification. Errors were identified in eKits.

In this investigation, Registrant initially reported that pharmacists were checking eKits and no errors were made.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(j) and (k) and in violation of and grounds for discipline pursuant to OAR 855-001-0035, OAR 855-019-0200(2) and (3)(b), OAR 855-025-0025(4), OAR 855-041-1010(2), ORS 689.335(1), 689.405(1)(a) and (e)(B), 689.832(1) and 689.445.

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

48 If the corporation requests a hearing, the corporation's attorney will be notified of the time
49 and place of the hearing. Before the commencement of the hearing, the corporation will be given
50 information on the procedures, right of representation and other rights of parties relating to the
51 conduct of the hearing.

52
53 If the corporation does not request a hearing within 21 days, or if it withdraws a hearing
54 request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at
55 a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board
56 issues a final order by default, it designates its file on this matter as the record.

57
58 **ANSWER REQUIRED**

59
60 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you
61 must also provide, within 21 days from the date this contested case notice was served, a written
62 answer to the allegations set forth in this contested case notice. Your written answer must include
63 an admission or denial of each factual matter alleged in the notice and a short and plain statement
64 of each relevant affirmative defense you may have. Except for good cause, factual matters alleged
65 in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular
66 defense in the answer will be considered a waiver of such defense; new matters alleged in the
67 answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall
68 not be taken on any issue not raised in the notice and the answer.

69
70 **Hearing Request and Answers:**
71 **Consequences of Failure to Answer**
72 **855-001-0015**

73 (1) A hearing request, and answer when required, shall be made in writing to the Board
74 by the party or his attorney and an answer shall include the following:

- 75 (a) An admission or denial of each factual matter alleged in the notice;
76 (b) A short and plain statement of each relevant affirmative defense the party
77 may have.

78
79 (2) Except for good cause;

- 80 (a) Factual matters alleged in the notice and not denied in the answer shall be
81 presumed admitted;
82 (b) Failure to raise a particular defense in the answer will be considered a
83 waiver of such defense;
84 (c) New matters alleged in the answer (affirmative defenses) shall be presumed
85 to be denied by the agency; and
86 (d) Evidence shall not be taken on any issue not raised in the notice and the
87 answer.

88
89 **BOARD OF PHARMACY**
90 **FOR THE STATE OF OREGON**

91 
92 Gary Miner, R.Ph.,
93 Compliance Director

6/19/14
Date

DATE OF MAILING

6/19/2014

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the
Drug Outlet Registration

CONSONUS PHARMACY SERVICES,
LLC dba CONSONUS PHARMACY
SERVICES

Registrant

Case No. 2013-0472

REGISTRANT'S ANSWER AND
REQUEST FOR HEARING

In Answer to the Notice of Proposed Disciplinary Action, CONSONUS
PHARMACY SERVICES, LLC, dba CONSONUS PHARMACY SERVICES denies
each and every allegation contained therein and requests a formal hearing.

DATED this 8 day of July, 2014.

LINDSAY HART, LLP

By: 

Connie Elkins McKelvey, OSB No. 831906
Of Attorneys for Consonus Pharmacy Services,
LLC dba Consonus Pharmacy Services

1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6

Gary Miner, R.Ph.
Compliance Director
Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232



Connie Elkins McKelvey

RECEIVED

APR 28 2015

OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2013-0472
Drug Outlet Registration of)
)
CONSONUS PHARMACY SERVICES LLC dba:) CONSENT ORDER
CONSONUS PHARMACY SERVICES)
)
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the Respondent does not admit or deny the facts alleged in the above-noted Notice; and

WHEREAS, Respondent acknowledges that the allegations in the Notice, if proven in a contested case proceeding would constitute grounds for imposition of sanctions as described herein; and

WHEREAS, the Respondent consents to the sanctions as set forth herein;

The Board finds that errors were identified in the contents of eKits assembled for distribution to the long term clientele of Consonus Pharmacy Services and that Respondent failed to fully cooperate and respond fully to the Board during its investigation and hereby imposes the following sanctions:

1. The registrant shall pay the Board a civil penalty in the amount of \$12,500, with \$5,500 stayed with no further violation for 3 years and a Quality Assurance Plan acceptable to the Board to prevent violations as detailed in Notice. \$7,000 payment to be made within ten days from the date this Consent Order becomes final

2. Quality Assurance Plan shall address:

a. checking eklt accuracy and completeness with a monitor program established for

47 periodic checks;
48 b. plan for general surveillances of the pharmacy distribution system; and
49 c. Policy and Procedures for eKit usage in long term care facilities; and
50 d. Documentation of training of long term care facilities staff of Policy and
51 Procedures for eKit usage.
52

53 3. Failure of the registrant to comply with any requirement of the order in this
54 matter is grounds for revocation and any other form of discipline or sanction authorized by law.
55

56 **CONSENT**

57
58 I hereby acknowledge that I am the authorized representative of registrant. On behalf of
59 the registrant, I further certify that I have read and understand the Notice and this Consent Order
60 and am aware of the right to a hearing with the assistance of counsel and the right to judicial
61 review of the Boards final order. On behalf of the registrant I agree to the Board entering the
62 Consent Order.
63

64 Beth M. Bijs 4/24/15
65 _____ Date
66 Authorized Representative
67 CONSONUS PHARMACY SERVICES LLC dba
68 Consonus Pharmacy Services
69 Registrant (Reg. No. IP-0002138)
70

71
72
73 IT IS SO ORDERED.
74

75
76 BOARD OF PHARMACY
77 FOR THE STATE OF OREGON
78

79
80 Gary Miner, R.Ph. 4/28/15
81 _____ Date
82 Compliance Director
83

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Oregon
Parent Company if any: Consonus Pharmacy Services LLC
Corporation Name: Consonus Pharmacy Services LLC
Mailing Address: 4560 SE International Way #101
City: Milwaukie State: OR Zip: 97222
Telephone: (877) 311-1499 Fax: (877) 728-8799
Contact Person: JOSHUA FREE

For any corporation non publicly traded, disclose the following:

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

a) Phillip G Fogg, Jr 4560 SE International Way #101, Milwaukie, OR 97222
Name Address
b) Steven C Fogg (same as above)
Name Address
c) David R. Lewis (same as above)
Name Address
d) NDS Resources LLC Attn: Douglas B Smock, 6 Sheffield Ct, Heath, TX 75032
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. N/A
3) What was the price paid per share? N/A
4) What date did the corporation actually receive the cash assets? N/A
5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: None %: —
Name: _____ %: _____

Blank

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input 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: Craig Rd. Pharmacy

Physical Address: 3251 W. Craig Rd. #110 North Las Vegas NV. 89032

Mailing Address: 3132 Hartley Cove Ave

City: North Las Vegas State: NV Zip Code: 89081 Telephone: 702-646-7763

Fax: N/A Toll Free Number: N/A

E-mail: FirstStepAS@aol.com Website: N/A

Managing Pharmacist: Ashley Slocum License Number: 18638

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

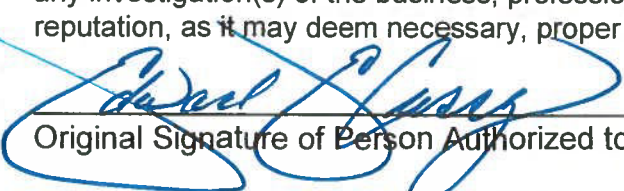
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No **X**
- 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 **X**
- 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 **X**
- 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 **X**
- 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 **X**

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

Edward E. Curry / Managing Partner

Print Name of Authorized Person

9/13/15

Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

List names of 4 largest partners and percentage of ownership:

Name: Edward E. Curry %: 25

Name: Tyna M. Curry %: 25

Name: Louis F. Thole %: 25

Name: Sandra L. Thole %: 25

Partnership Name: The Helen Group, LLC

Mailing Address: 3132 Hartley Cove Ave

City: North Las Vegas State: NV Zip Code: 89081 Telephone: 702-646-7763 Fax: N/A

Contact Person: Eddie Curry

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

PARTNERSHIP

Include with the application for a partnership

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

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

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

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

I, Edward E. Curry

Responsible Person of The Helen Group, LLC

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

9/13/15
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Ashley Slocum

License #: 18638

Pharmacy Name: Craig Rd Pharmacy

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="radio"/>	<input checked="" type="radio"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="radio"/>	<input checked="" type="radio"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="radio"/>	<input checked="" type="radio"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="radio"/>	<input checked="" type="radio"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>N/A</u>	Date: <u>N/A</u> Case #: <u>N/A</u>
And/or Criminal Action:	State: <u>N/A</u>	Date: <u>N/A</u> Case #: <u>N/A</u>
	County: <u>N/A</u>	Court: <u>N/A</u>

Blank

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>C02705</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 checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Precision Specialty Pharmacy

Physical Address: 2775 S. Jones Blvd., Suite 100A, Las Vegas, NV 89146

Mailing Address: 2775 S. Jones Blvd., Suite 100A

City: Las Vegas State: NV Zip Code: 89146

Telephone: 702-405-9500 Fax: 702-405-9501

Toll Free Number: N/A

E-mail: precisionsppharm@gmail.com Website: precisionspecialtypharmacylv.com

Managing Pharmacist: Dominik Bialek License Number: 18642

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>5:30</u> pm	Saturday <u>N/A</u> am <u>N/A</u> pm
Sunday <u>N/A</u> am <u>N/A</u> pm	24 Hours <u>N/A</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

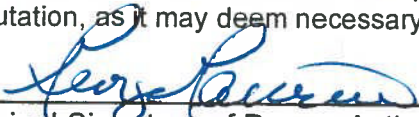
Within the last five (5) years:

- 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

George Maiorano

Print Name of Authorized Person

Date

9/17/2015

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: G-Tek Corporation

Corporation Name: Precision Specialty Pharmacy Corporation

Mailing Address: 2775 S. Jones Blvd., Suite 100A

City: Las Vegas State: NV Zip: 89146

Telephone: 702-405-9500 Fax: 702-405-9501

Contact Person: George Maiorano

For any corporation non publicly traded, disclose the following:

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

a) George Maiorano 11254 Tenza Ct., Las Vegas, NV 89141
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. 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. 1

3) What was the price paid per share? \$0.01

4) What date did the corporation actually receive the cash assets? 04/15/2011

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 %: N/A

Name: N/A %: N/A

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

I, George Maiorano

Responsible Person of G-Tek Corporation

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

9/17/2015

Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Dominik Bialek

License #: 18642

Pharmacy Name: Precision Specialty Pharmacy

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

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

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

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

Blank

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TruCare Pharmacy

Physical Address: 7730 W. Cheyenne Ave. Las Vegas, NV 89129

Mailing Address: 1875 California Ave

City: Corona State: CA Zip Code: 92881

Telephone: (951) 817-1005 Fax: (951) 817-1020

Toll Free Number: (844) 446-0808

E-mail: Matt.KOLTA@trucaedrugs.com Website: Trucaredrugs.com

Managing Pharmacist: Leila Tafreshi License Number: 16858

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday 10 am 3 pm

Sunday 9 am 6 pm

24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

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

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.

Mina Kolta

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

MINA KOLTA

Print Name of Authorized Person

08.31.15

Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: _____
Corporation Name: Egyptian Inc.
Mailing Address: 1875 California Ave.
City: Corona State: CA Zip: 92881
Telephone: (951) 817-1005 Fax: (951) 817-1020
Contact Person: Mina KOLTA

For any corporation non publicly traded, disclose the following:

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

- a) Mina KOLTA 1875 California Ave. Corona, CA 92881
Name Address
- b) Genevieve Benjamin 1875 California Ave. Corona, CA 92881
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. 1500
- 3) What was the price paid per share? \$10.00
- 4) What date did the corporation actually receive the cash assets? 8/18/09
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: Mina KOLTA %: 50
Name: Genevieve Benjamin %: 50

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

I, Mina KOLTA

Responsible Person of Trucone Pharmacy

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

Mina KOLTA

Original Signature, no stamps or copies

09.17.15

Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Leila Tafreshi

License #: 16858

Pharmacy Name: True care pharmacy
Trucare pharmacy

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

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

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

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

Blank

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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 or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Premier Pharmacy Labs, Inc.

Physical Address: 8265 Commercial way Weeki Wachee 34613

Mailing Address: PO Box 6510

City: Spring Hill State: Florida Zip Code: 34611

Telephone: 800-752-7139 Fax: 800-868-4978

Toll Free Number: 800-752-7139 (Required per NAC 639.708)

E-mail: Linda@premierpharmacylabs.com Website: Premierpharmacylabs.com

Managing Pharmacist: Andrea Bourgoin License Number: PS48923

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☒ ☐ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☒ ☐ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

891724

APPLICATION FOR OUT-OF STATE 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, board citation, site fine 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.

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

Andrea Bourgoin
Print Name of Authorized Person

21 August 2015
Date

Page 2

Board Use Only

Date Processed: 9/3/15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Vern Allen

Business Name: Premier Pharmacy Labs, Inc.

Current Business Address: 8265 Commercial Way

City: Weeki Wachee State: FL Zip Code: 34613

Telephone: (800) 752-7139 Fax: (800) 868-4978

List any physician shareholders and percentage of ownership.

Name: NONE %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm

Saturday closed am _____ pm

Sunday closed am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, VERN ALLEN

Responsible Person of Premier Pharmacy Labs 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.

Vern Allen

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

VERN ALLEN

Print Name of Authorized Person

08/24/2015

Date

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

September 1, 2015



Nevada Board of Pharmacy
Licensing
431 West Plumb Lane
Reno, NV 89509

RE: License Certification for Premier Pharmacy Labs, Inc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH27284
ORIGINAL CERTIFICATION:	12/11/2013
EXPIRATION DATE:	02/28/2017
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Cassandra Williams
Regulatory Specialist II

/cw

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Operations
4052 Bald Cypress Way, Bin C-10 • Tallahassee, FL 32399-3260
PHONE: (850) 245-4444 • FAX: (850) 245-4791

www.FloridaHealth.gov
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

Blank

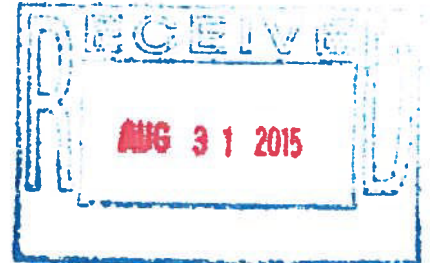


WHOLESALE PHARMACEUTICALS
APOTHECA, INC.
SPECIALISTS IN GENERIC PHARMACEUTICALS
Manufacturer • Distributor • Private Label

1622 North 16th Street • Phoenix, Arizona 85006
(602) 252-5244 • Toll Free (800) 262-5244 • FAX (602) 258-4082

September 28, 2015

Nevada State Board of Pharmacy
C/o Ms. Candy Nally
431 W. Plumb Lane
Reno, NV 89509



RE: Request for reduction of bond amount

Dear Ms. Nally,

Apotheca, Inc., WH01641, has been licensed in Nevada since June 9, 2010. Since our initial licensure, Apotheca, Inc. has been in good standing with the board and conducting business in accordance with Board rules, including the purchase of bonds in the amount of \$100,000. Apotheca, Inc. is entering our sixth year of consecutive licensure and we respectfully request the Board to reduce our bond amount to \$25,000, as permitted by NRS639.515.3.

Please contact me if you have any questions.

Thank you for your consideration.

Sincerely,

Mitchel Herseth

President



Nevada State Board of Pharmacy

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

Continuing Education Committee Meeting Minutes

August 27, 2015, at 8:00 am

Nevada State Board of Pharmacy Office
431 W Plumb Ln
Reno, Nevada 89509

The conference call meeting was called to order on August 27, 2015, at 8:00 am by Larry Pinson.

Continuing Education Committee Members Present (at board office/by phone):

Larry Pinson	Laurie Squartsoff	Yenh Long
Bryon Pinson	Kirk Wentworth	

Board Staff Present (at board office):

Lisa Hedaria

Agenda Item 1:

Approval of Minutes from the August 7, 2014 Meeting

Committee Action:

Motion: Laurie Squartsoff moved to approve the August 7, 2014, Continuing Education Minutes.

Second: Bryon Pinson

Action: Passed Unanimously

August 27, 2015, Continuing Education Meeting Minutes

Continuing Education Requests

Agenda Item 2:

Discussion: The committee members reviewed the materials presented by the provider.

A. **Update in Diagnosis and Management of Primary Immunodeficiency...**

Committee Action:

Motion: Bryon Pinson moved to approve "Update in Diagnosis and Management of Primary Immunodeficiency..." for 6 accredited hours upon completion of the course.

Second: Kirk Wentworth

Action: Passed Unanimously

B. **Diabetes-Alzheimers Management: Geriatric Interprofessional Simul...**

Committee Action:

Motion: Kirk Wentworth moved to approve "Diabetes-Alzheimers Management: Geriatric Interprofessional Simul..." for 7 accredited hours upon completion of the course.

Second: Laurie Squartsoff

Action: Passed Unanimously

Meeting was adjured at 8:10 am.

TEMPORARY LICENSES
(Issued since last board meeting)

Mountain View Hospital

James Ammon

St Rose Dominican Hospital

Rachel Hodges

Omnicare

Deborah Palmer

Blank



U.S. Department of Justice

*United States Attorney's Office
District of Nevada*

*Daniel G. Bogden
United States Attorney*

*333 Las Vegas Boulevard South Phone (702)388-6336
Suite 5000 Fax (702)388-6296
Las Vegas, Nevada 89101*

September 18, 2015

Larry Pinson, Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509-3766



RE: U.S. Department of Justice (DOJ) Grant Award

Dear Executive Secretary Pinson:

I am pleased to inform you that I have recently been notified that the Nevada State Board of Pharmacy is the recipient of a Harold Rogers Prescription Drug Monitoring Program: PDMP Implementation and Enhancement grant award in the amount of \$303,004. The awarding DOJ agency is the Bureau of Justice Assistance.

The award notification indicates that the Board will use the grant award to establish and build a data collection and analysis system; develop an infrastructure to support programmatic activities; facilitate the exchange of information and collected prescription data and other scheduled chemical products among states; facilitate the establishment of collaborations; develop a training program for system users; produce and disseminate educational materials and assess the efficiency and effectiveness of the program. Any questions about use of the grant monies should be directed to your grant program managers listed on the award notification.

Thank you for your interest in the Department of Justice grant programs and your continuing commitment to working together to provide improved law enforcement services to the citizens of the State of Nevada. For the betterment of our State and citizens, we are looking forward to the enhancement and increased effectiveness of the Prescription Drug Monitoring Program in Nevada and are confident this grant will assist in accomplishing that result.

Sincerely,

A handwritten signature in blue ink that reads "Daniel G. Bogden".

Daniel G. Bogden
United States Attorney
District of Nevada

Attachment

Blank



Nevada State Board of Pharmacy

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

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

SEPTEMBER 2, 2015 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the September, 2015 Board meeting.

Licensing Activity:

- 7 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.
- 22 licenses were granted for Out-of-State wholesalers.
- 1 license was granted for a Nevada manufacturer.
- 3 licenses were granted for Nevada pharmacies.
- 1 license was granted for an intern pharmacist after addressing past arrest and drug issues.
- Restrictions on compounding activity by PM Pharmacy were lifted.

Disciplinary Actions:

- Pharmaceutical technician ER was revoked for diversion of controlled substances for personal use from pharmacy CV.
- Pharmaceutical technician JA was suspended for six months; ordered 10 hours of CE on ethics, morals and pharmacy law; and charged administrative fees for practicing pharmacy without a license, and dispensing legend drugs without a prescription.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- Board meeting dates for 2016 were approved.

WORKSHOP:

- A. New Language to be added to NAC Chapter 639**, pursuant to the Good Samaritan Drug Overdose Act, SB 459 (2015), establishing educational requirements and standardized procedures or protocols for the furnishing of opioid antagonists by pharmacists and other appropriate entities to persons at risk of experiencing an opioid-related overdose or to a family member, friend or

other person in a position to assist persons at risk of experiencing an opioid-related drug overdose.

- B. **Amendment of Nevada Administrative Code 453.510 Schedule I.**
Because of potential abuse of certain unregulated products, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule I. Addition of Concentrated Cannabis, Cannabidiol and Acetyl Fentanyl.
- C. **Amendment of Nevada Administrative Code 453.540 Schedule IV.**
Because of potential abuse of certain unregulated products, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule IV. Addition of Lorcaserin.

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R142-14

July 30, 2015

EXPLANATION – Matter in *italics* is new; matter in brackets [~~emitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 453.146.

A REGULATION relating to controlled substances, revising the list of substances contained in schedule I; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to add substances to or delete or reschedule all controlled substances enumerated in schedules I, II, III, IV and V by regulation. (NRS 453.146) Existing regulations set forth the drugs and substances that are enumerated in schedule I. (NAC 453.510) This regulation revises the list of drugs and substances contained in schedule I.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidiny]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidiny]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidiny]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxidine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacymorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;
Norlevorphanol;
Normethadone;
Norpipanone;
Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);
PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);
Phenadoxone;
Phenampromide;
Phenomorphane;
Phenoperidine;
Piritramide;
Proheptazine;
Properidine;
Propiram;
Racemoramide;
Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);
Tilidine; or
Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers,

whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphenol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myorphine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (some trade or other names: AB-CHMINACA);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

~~[2,5 dimethoxy 4 iodo N (methoxybenzyl)phenethylamine (some trade or other names: 25I-NBOMe, 25I-NB2OMe, 25I-NB3OMe, 25I-NB4OMe);]~~

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine; 4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluoropentyl JWH 018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

~~{Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:~~

~~Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,~~

~~Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,~~

~~Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;~~
~~since nomenclature of these substances is not internationally standardized, compounds~~
~~of these structures, regardless of numerical designation of atomic positions covered);}~~

Salvinorin A (some trade or other names: Divinorin A; Methyl

(2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone);

Aminorex;

Butylone (some trade or other names: β -keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; α -aminopropiophenone; 2-aminopropiophenone; norephedrone);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4-methylenedioxycathinone; N,N-dimethyl- β -keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

Fenethylamine;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoromethcathinone (Flephedrone) and 3-Fluoromethcathinone (3-FMC));

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

(\pm)cis-4-methylaminorex ((+)-cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

Methylenedioxypyrovalerone (some trade or other names: 3,4-

Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-

methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone,

Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-

benzeneethanamine; N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. *Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:*

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered.

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R001-15

July 29, 2015

EXPLANATION – Matter in *italics* is new; matter in brackets [~~emitted material~~] is material to be omitted

AUTHORITY: §§1-4, NRS 639.070 and 639.233.

A REGULATION relating to pharmacy; revising provisions governing the licensure of a third-party logistics provider; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

The federal Drug Supply Chain Security Act defines a “third-party logistics provider” as an entity that provides or coordinates warehousing, or other logistics services of a product in interstate commerce on behalf of a manufacturer, wholesale distributor or disperser of a product, but does not take ownership of the product nor have the responsibility to direct the sale or disposition of the product. (21 U.S.C. § 360eee(22)) UPS and DHL are examples of companies that provide those services. **Section 1** of this regulation amends the definition of “third-party logistics provider” in existing regulations to include the provision of such services on behalf of wholesalers to more closely align that definition with the federal definition of that term. (NAC 639.6282)

Existing regulations require a third-party logistics provider in this State to obtain a license to engage in business as an authorized warehouse. (NAC 639.6305) Existing regulations define an “authorized warehouse” as a warehouse or other business in the State that receives, stores or ships prescription drugs and goods pursuant to a written contract with a manufacturer, wholesaler, pharmacy or chain warehouse under which the authorized warehouse acts solely as the agent or bailee of the manufacturer, wholesaler, pharmacy or chain warehouse. (NAC 639.622) **Section 2** of this regulation expressly provides that a third-party logistics provider that is located in the State or that ships certain poisons, drugs, chemicals, devices or appliances into this State is required to: (1) obtain a license to engage in business as an authorized warehouse; and (2) comply with the provisions of existing regulations governing warehouses.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

“Poisons, drugs, chemicals, devices or appliances” mean poisons, drugs, chemicals, devices or appliances that are subject to the provisions of chapters 453, 454 or 639 of NRS.

Sec. 2. NAC 639.620 is hereby amended to read as follows:

639.620 As used in NAC 639.620 to 639.644, inclusive, *and section 1 of this regulation*, unless the context otherwise requires, the words and terms defined in NAC 639.621 to 639.629, inclusive, *and section 1 of this regulation* have the meanings ascribed to them in those sections.

Sec. 3. NAC 639.6282 is hereby amended to read as follows:

639.6282 “Third-party logistics provider” means a business that contracts with a manufacturer *or wholesaler* to provide or coordinate warehousing, distribution or other services *for poisons, drugs, chemicals, devices or appliances* on behalf of the manufacturer *or wholesaler* without taking title to or ownership of the ~~[prescription]~~ *poisons, drugs, chemicals, devices or appliances* and without authority to direct the sale or disposition of the ~~[prescription]~~ *poisons, drugs, chemicals, devices or appliances*.

Sec. 4. NAC 639.6305 is hereby amended to read as follows:

639.6305 A third-party logistics provider *that is located* in this State *or that ships poisons, drugs, chemicals, devices or appliances into this State* shall obtain a license to engage in business as an authorized warehouse pursuant to, and shall otherwise comply with, the provisions of NAC 639.620 to 639.644, inclusive ~~[]~~ *and section 1 of this regulation*.

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R002-15

July 30, 2015

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§1 and 2, NRS 639.070.

A REGULATION relating to the practice of pharmacy; requiring certain entities collecting controlled substances to provide certain notification and a copy of a certain federally required form to the State Board of Pharmacy; clarifying standards for the disposal of controlled substances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Under existing law, the State Board of Pharmacy may adopt regulations governing the storage, handling and security of drugs and medicines. (NRS 639.070)

Federal law authorizes pharmacies, hospitals and other entities authorized to handle controlled substances to register with the Drug Enforcement Administration for authority to collect controlled substances. Such entities may conduct "mail-back" programs for the return of controlled substances and may maintain collection receptacles for the return of controlled substances. (21 C.F.R. §§ 1317.40, 1317.70, 1317.75) **Section 1** of this regulation requires an entity conducting a mail-back program or maintaining a collection receptacle to notify the Board that it has registered with the Drug Enforcement Administration. **Section 1** also requires such an entity to submit to the Board a copy of a certain form required to be submitted to the Drug Enforcement Administration.

Existing federal law provides standards for the disposal of controlled substances by entities authorized to handle and dispose of controlled substances. (21 C.F.R. parts 1300, 1301, 1304, 1305, 1307, 1317) Existing regulation also provides standards for the disposal of controlled substances. (NAC 639.498) **Section 2** of this regulation deletes the provisions of state regulatory law providing standards for the disposal of controlled substances and clarifies that the disposal of controlled substances must be done pursuant to federal law.

Section 1. NAC 639.050 is hereby amended to read as follows:

639.050 1. Upon the discontinuance of a controlled substance, a controlled substance becoming outdated or the demise of a patient at a facility for skilled nursing or facility for intermediate care which is licensed by the Division of Public and Behavioral Health of the Department of Health and Human Services, any remaining controlled substance dispensed to the patient must be placed in a secured locked compartment. The controlled substance must be secured in the locked container until destroyed in the manner prescribed in NAC 639.498.

2. Each practitioner or pharmacy shall physically separate each controlled substance which is outdated, damaged, deteriorated, misbranded or adulterated from the balance of its stock medications. The practitioner or pharmacy shall destroy such controlled substances at least once each year. The practitioner or pharmacy shall complete Form DEA-41 of the Drug Enforcement Administration, "Registrants Inventory of Drugs Surrendered," to acknowledge the destruction of the controlled substances.

3. *Any entity that is authorized pursuant to federal law to collect controlled substances and conducts a mail-back program to collect controlled substances or maintains collection receptacles for controlled substances shall provide to the Board:*

(a) Written notification that the entity has registered with the Drug Enforcement Administration to obtain authorization to be a collector; and

(b) A copy of each Form DEA-41 submitted to the Drug Enforcement Administration.

4. This section does not apply to controlled substances packaged in manufacturer's unit-dose packages which are governed by the provisions of NRS 639.267.

Sec. 2. NAC 639.498 is hereby amended to read as follows:

639.498 1. Except as otherwise provided in subsection 2:

(a) At least once each month, the director or a licensed consulting pharmacist shall destroy, on the premises of the facility, the controlled substances described in subsection 1 of NAC 639.050.

(b) If the director destroys the controlled substances, the licensed consulting pharmacist shall witness the destruction of the controlled substances. If the licensed consulting pharmacist destroys the controlled substances, the director shall witness the destruction of the controlled substances.

2. The director may designate a nurse licensed pursuant to chapter 632 of NRS to carry out his or her duties pursuant to this section. The licensed consulting pharmacist may designate a pharmacist licensed pursuant to chapter 639 of NRS to carry out his or her duties pursuant to this section.

3. The controlled substances must be destroyed ~~by:~~

~~—(a) Flushing them down the toilet or hopper;~~

~~—(b) If a container for waste disposal is used, placing the controlled substances in the water in the container for disposal; or~~

~~—(c) If the controlled substance is stored in a vial, ampule or other glass container, breaking the container and placing its contents into a container for waste disposal.]~~ *in accordance with 21 C.F.R. Parts 1300, 1301, 1304, 1305, 1307 and 1317 and any other provision of federal law governing the destruction or disposal of controlled substances.*

Blank

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R003-15

August 17, 2015

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§1-10, NRS 639.070 and 639.100.

A REGULATION relating to pharmacy; requiring, under certain circumstances, an outsourcing facility to obtain a license from the State Board of Pharmacy as a manufacturer; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

The federal Compounding Quality Act establishes a new category of “outsourcing facilities” and provides for the voluntary registration with the Secretary of Health and Human Services of facilities which conduct large-scale compounding of sterile drugs. (21 U.S.C. § 353b) The federal law defines “outsourcing facility” as a facility at one geographic location or address that: (1) is engaged in the compounding of sterile drugs; (2) has elected to register as an outsourcing facility; and (3) complies with all of the requirements of 21 U.S.C. § 353b. (21 U.S.C. § 353b(d)(4)(A)) Traditional compounding pharmacies are governed under separate provisions of federal law. (21 U.S.C. § 353a)

Existing law requires a manufacturer, including a manufacturer who engages in furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State, to obtain a license from the State Board of Pharmacy. (NRS 639.100, 639.233) **Section 6** of this regulation requires an outsourcing facility, as defined in **section 4** of this regulation, to obtain a license from the Board as a manufacturer if the outsourcing facility is engaged in the compounding of sterile drugs either in this State or for shipment into this State. **Section 7** of this regulation provides, consistent with federal law, that an outsourcing facility is not required to be a licensed pharmacy unless the outsourcing facility dispenses dangerous drugs or controlled substances for identified individual patients pursuant to a prescription.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

Sec. 2. As used in sections 2 to 7, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3, 4 and 5 of this regulation have the meanings ascribed to them in those sections.

Sec. 3. “Compounding” includes, without limitation, the combining, admixing, mixing, pooling, reconstituting or other altering of a drug or bulk drug substance, as defined in 21 C.F.R. § 207.3, to create a drug.

Sec. 4. “Outsourcing facility” means a facility at one geographic location or address that:

- 1. Is engaged in the compounding of sterile drugs; and*
- 2. Has registered with the Secretary of Health and Human Services as an outsourcing facility pursuant to 21 U.S.C. § 353b.*

Sec. 5. “Sterile drug” means a drug that is:

- 1. Intended for parenteral administration;*
- 2. An ophthalmic or oral inhalation drug in aqueous format; or*
- 3. Required to be sterile pursuant to the provisions of federal law or the provisions of NAC 639.661 to 639.690, inclusive.*

Sec. 6. An outsourcing facility that is engaged in the compounding of sterile drugs in this State or for shipment into this State shall:

- 1. Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;*
- 2. Comply with the provisions of NAC 639.609 to 639.619, inclusive; and*
- 3. Comply with all the requirements of 21 U.S.C. § 353b.*

Sec. 7. 1. Except as otherwise provided in subsection 2, an outsourcing facility is not required to be licensed as a pharmacy.

2. An outsourcing facility may dispense dangerous drugs or controlled substances for identified individual patients pursuant to a prescription only if the outsourcing facility is licensed by the Board as a pharmacy in accordance with NRS 639.230 or 639.2328, as applicable.

Sec. 8. NAC 639.609 is hereby amended to read as follows:

639.609 As used in NAC 639.609 to 639.619, inclusive, unless the context otherwise requires, the term “manufacturer” has the meaning ascribed to it in NRS 639.009. *The term includes an outsourcing facility as defined in section 4 of this regulation.*

Sec. 9. NAC 639.610 is hereby amended to read as follows:

639.610 The premises occupied by any person holding a manufacturer’s ~~{permit}~~ license or the premises to be occupied by any applicant for such a ~~{permit}~~ license must meet the following minimum standards:

1. The premises must be well lighted and well ventilated and must be maintained in a clean and orderly manner.

2. Adequate lavatory and toilet facilities and dressing areas must be provided, and washbasins to be used in connection with those facilities must be supplied with hot and cold running water. All such facilities must be maintained in a clean and orderly condition and in good repair.

3. The building must be constructed in such a manner as to provide maximum security and must be equipped with an adequate alarm system.

Sec. 10. NAC 639.615 is hereby amended to read as follows:

639.615 1. Any person to whom a manufacturer's ~~{permit}~~ *license* has been issued shall provide and maintain the following equipment if it is needed in the operation of the business, and shall comply with the following requirements as they apply to the operation of the business:

(a) If drugs requiring refrigeration are stocked, the holder of the ~~{permit}~~ *license* shall provide refrigerators for proper storage.

(b) The area in which drugs are stocked must be arranged so that dangerous drugs, chemicals, poisons, controlled substances and devices are not accessible to unauthorized persons.

(c) Drugs which are damaged, deteriorated, misbranded, adulterated or outdated must be stored in an area separate from the area containing the drugs, chemicals, poisons, controlled substances or devices which are to be sold or distributed for resale.

(d) The holder of a ~~{permit}~~ *license* shall maintain such records as may be necessary to provide accountability for the disposition of dangerous drugs, controlled substances, chemicals and devices.

(e) Equipment must be provided and maintained as may be considered necessary and consistent with the licensed operation, and maintained in proper working order at all times.

2. All persons who in the course of their employment with a manufacturer handle any drugs, chemicals or devices shall keep themselves and their apparel in a clean and sanitary condition.