

**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 MP00287)

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: WMK, LLC dba MobilityWorks

Physical Address: 2100 S. Decatur Blvd, Las Vegas, NV 89102  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4199 Kintross Lakes Pkwy Suite 300

City: Richfield State: OH Zip Code: 44286

Telephone: (234) 312-2000 Fax: (330) 659-0876

E-mail: anne.rosenthal@mobilityworks.com Website: www.mobilityworks.com

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

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

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

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

Name: Cassandra Henry

**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: Mobility Parts and Equipment

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Cassandra Henry Telephone: (702) 876-9606

**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:

2084775

7700705

- 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.