

April 24, 2017

To:

Nevada State Board of Pharmacy,

Hello this is Choon Kim who recently was denied licensure in the state of Nevada. I would like to take this opportunity to inform you that being extremely nervous at the meeting, I was not prepared to clearly state the reason why it resulted as a "forgery" case. I have written evidence to prove that the "INTENT" to cause fraud was not the case, and in the upcoming meeting in July in Las Vegas, would like the opportunity to provide factual evidence that the intent to cause fraud was not my intent. I feel this is very important since the intent factor plays a big role in my character as a pharmacist. I would like to take the opportunity to state that during the 9-10 years practicing as a pharmacist I have never done anything fraudulent or practiced pharmacy anything less than the utmost care and attention to detail. This should be reflected by the two other boards of pharmacy where I have a clean title. I understand that committing fraud would imply to board members that I am of that character and is of concern when I do get licensed in Nevada. I would like to stress and emphasize again that what took place was not an intent to cause fraud. Also, how that affects me as a pharmacist is not of any consequence that my practice in the future would imply such unforgivable activity.

Please schedule me for the July meeting in Las Vegas so I can provide additional information that will significantly change the board member's minds and allow me to continue to practice as a pharmacist.

Thank you,


Choon Kim

' W. Maule Ave Unit
Las Vegas, NV 89148





NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

April 18, 2017

U.S. MAIL AND ELECTRONIC MAIL

Choon Whan Kim
W. Maule Ave., Unit
Las Vegas, NV 89148

RE: Notice of Denial of Application by Reciprocity per NRS 639.138

Dear Mr. Kim:

You are aware that on April 12, 2017, the Nevada State Board of Pharmacy ("Board") considered and denied your *Application by Reciprocity as a Pharmacist* ("Application"). This letter is intended to act as a written notification of the Board's decision.

The Board's primary reason for denying your application is evidence, including your testimony at the hearing, that you submitted a *Voucher as to Moral Character* with your Application that bears a signature that you forged. The Board also found troubling your failure to take responsibility for submitting a document bearing a forged signature and your failure to recognize the gravity of your actions.

Nevada law, NRS 639.210, states that "[t]he Board may . . . deny the application of any person for a certificate, license, registration or permit, if the holder or applicant":

- "[i]s not of good moral character;"
- "[is] guilty of unprofessional conduct or conduct contrary to the public interest;"
- "[h]as willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of this chapter;" or

- "[h]as 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." Each of those factors apply to the circumstances put before the Board.

Additionally, both NRS 639.281 and NRS 639.287 state that it is a misdemeanor to secure or attempt to secure a registration with the Board by making "any false representation" or "willfully furnish[ing] false information" to the Board. Your decision to submit a forged

document with your Application constitute violations of those statutes and are additional grounds for denial of an application pursuant to NRS 639.210(4) and (12).

You have the right under NRS 639.139 to petition the Board for reconsideration of your Application. The statute provides in relevant part:

NRS 639.139 Denial of application: Procedure for reconsideration.

1. At any time within *30 days after receipt of the notice of denial* of an application, the applicant may petition the Board for reconsideration of the application. The petition *must set forth a denial, in whole or in part, of the violations alleged* and a statement that the applicant is prepared to submit evidence in support of the denial of the allegations.

....

(Emphasis added.)

If you opt to exercise your right to petition the Board for reconsideration, please submit that petition and all supporting evidence you wish to present to the Board's offices at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of receipt of this notice.

Please feel free to contact me if you have questions.

Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy; Hawaii State Board of Pharmacy; Massachusetts Board of Registration in Pharmacy

April 12, 2017

To:

Paul E and Nevada State Board of Pharmacy

Hello,

This is Choon Kim requesting an appeal of the denial of my application to be registered as a pharmacist in Nevada. During the interview, I felt very nervous of being in front of many people and feel as a result could not explain what happened clearly.

If you could please re-schedule me to meet with the Board I would appreciate it.

One of the most important information that was left out during the hearing was the process in which seems like an intentional forgery, which wasn't the case. There was no deliberate intent to forge my friend's signature. I would like the opportunity to discuss and elaborate on what happened further with the Board.

Thank you,

Choon Kim

W. Maule Ave

Las Vegas, NV 89148

Regarding Appeal

on behalf of John Kim []

Sent: Wednesday, April 12, 2017 7:21 PM

To: Paul Edwards; Pharmacy Board

Hello Paul and to Whom it may concern,

I also wanted to add that upon carefully explaining how it came to the point as 'forgery' I feel these major points need to be discussed in front of the Board:

1. Text message details with Mr. Jonathan Chan
2. My Interpretation of the NABP application on the reference pages
3. Phone call details with Mr.Chan pertaining to my application reference pages

Please allow me a second chance to further clarify my position on why the board should reconsider and allow me to get licensed here in Nevada.

Thank you,
Choon Kim

Fwd: Request for Appeal

dreamcloud8@gmail.com on behalf of John Kim

Sent: Wednesday, April 12, 2017 7:08 PM

To: Shirley Hunting; Pharmacy Board

Attachments: Statement Appeal.docx (3 KB)

----- Forwarded message -----

From: John Kim <Yuzupills@gmail.com>

Date: Wed, Apr 12, 2017 at 7:05 PM

Subject: Request for Appeal

To: Paul Edwards <pedwards@pharmacy.nv.gov>

Hello Paul,

Please see the attached Word document formally requesting an appeal on the denied decision to be licensed in the state of Nevada. Please let me know what the next steps are in the appeals process.

Thank you,
Choon Kim

500
W. Maule Ave #
Las Vegas, NV 89148

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

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocatation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: CHOON Middle: WHAN Last: KIM

Mailing Address: 8777 W. MAULE AVE UNIT #2020

City: LAS VEGAS State: NV Zip Code: 89148

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: SEDUL, SOUTH KOREA

Social Security Number: _____ Sex: M or F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: MA Date of Issuance: 7/25/2007

College of Pharmacy Information

Graduation Date: 05/18/2007
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: Massachusetts College of Pharmacy, Boston

Location of School: Boston, MA 179 Longwood Ave 02115

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: 22117 Amount: \$330.00 Entity #: 95849

Laws _____ MPJE 7/23

Other states where you are (or were) licensed as a pharmacist or print none

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<u>HI</u>	<u>PH-2707</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if needed

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

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

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I hereby authorize the Nevada State Board of Pharmacy, its 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, its members, servants or employees because or by reason of the use of the authorization.

Chew Kim
 Original Signature, no copies or stamps accepted

2-14-2017
 Date

Paul Edwards

From: Jonathan Chan
Sent: Monday, February 27, 2017 1:35 PM
To: Paul Edwards
Subject: Fraudulent concern

Hello Paul,

My name is Jonathan Chan, and I am a registered pharmacist in the state of Massachusetts. My Massachusetts license number is PH26578. I'm writing to express my concern from a text message and conversation I had today with a former classmate from Massachusetts College of Pharmacy at Boston, MA. The classmate's name is Choon Kim, and he often goes by the nickname "John". He is approximately 40 years old.

A week ago (2/20/17) he had text messaged stating he was applying for Nevada licensure to take the MPJE, and asked if it were okay if he used my name as a reference. I told him I do not mind helping him out, however I told him I was not sure I am what they are looking for, because we have no work experience with each other. I told him it is fine, if they want to know how we went to Massachusetts College of Pharmacy together.

Today (2/27/17), he writes me back and says:

"Hey Jon I read the instructions and it says I just need to be acquainted with you. I honestly don't think they need the application because they already approved me to take the exam, but I think I accidentally printed your name where it said signature by my photo. But again it's not that important since I think it was supposed to be a copy. I hope you're not upset bra. It was an honest mistake. You can call me if you have questions 808-386-9060. I think it was just to verify what I look like"

He later calls me today (2/27/17) and tells me he actually forged my signature, and looked me up online, and added my Massachusetts pharmacy license number, city, and state.

I am very concerned if this is true, knowing someone used my name fraudulently. Is it possible he is trying to transfer my Massachusetts license to Nevada, under his identity?

Please let me know if you need any information. My phone number is

Jonathan Chan

Voucher as to moral character. NOTE : A licensed pharmacist in good standing in a state where you are licensed by examination, license transfer, or practiced under legal conditions, must complete and sign this voucher and affix his or her signature to the form on the back of your photographs for identification.

DATE: Feb 23, 2017

To The Nevada State Board of Pharmacy

I hereby certify that I am a licensed pharmacist in good standing in the State of MA, my license number being PH26578. I further certify that I am personally acquainted with Dr. Choon Kim for 10 months/years and that to the best of my knowledge and belief he or she is of good moral character and has not been involved in any activities that would violate state practice laws or regulations, so as to render him/her unfit to practice pharmacy. I hereby recommend him/her worthy to practice in the state of Nevada.

Remarks:

Name: Jonathan Chan

Address: Weston, MA 02493

State: MA

